

Task Force Reviewing the Recommendations of the Task Force on Faculty Recruitment, Retention and Promotion and New Faculty Appointments

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November 2009 Report and Recommendations Revised January 2010

This task force was charged with reviewing the implementation of the Report of the Academic Senate Task Force on Faculty Recruitment, Retention and Promotion¹ (AKA the Armitage Report, Attachment 1), a joint faculty and administration task force. After additional review by the Academic Senate, deans, and the Chancellor's Shared Governance Working Group, these recommendations were adopted by the Chancellor on July 25, 2005

The Armitage Report's conclusions and recommendations fell into three broad categories:

1. A substantial fraction of faculty in the Adjunct and (Health Sciences) Clinical series, about 40%, had responsibilities and quality of work essentially the same as Senate faculty in the In Residence or Clinical X series.
2. Procedures are necessary to review existing faculty and change these appointments into the appropriate Senate series.
3. Policy changes and a combination of individual education and institutional monitoring are necessary to ensure that this situation does not recur.

This task force was also charged with evaluating increases in faculty numbers since the Armitage Report was released in December 2003, identifying possible sources of growth and potential negative impacts of such growth on the performance of existing faculty roles.

This task force consists of the following members: Kit Chesla of the School of Nursing, Chair of the task force and 2008-2009 chair of the UCSF Academic Senate Committee on Academic Planning & Budget, Dan Bikle, former chair of the School of Medicine Faculty Council and of the San Francisco Division of the Academic Senate, Stanton Glantz of the School of Medicine, member of the original Task Force on Faculty Recruitment, Retention and Promotion and the Chancellor's Shared Governance Working Group, former chair of the UCSF Committee on Academic Planning and Budget, former chair of the UC Systemwide University Committee on Planning and Budget and originator of the request for this review, and Margaret Walsh of the School of Dentistry and former chair of the Academic Senate Committee on Academic Personnel and 2008-2009 division delegate to the Systemwide University Committee on Academic Personnel.

This task force sent a request for information about steps taken to implement the Armitage Report recommendations to the Office of Academic Personnel and the Vice Provost Academic Affairs, the Academic Senate Committee on Academic Personnel, and the Vice or Associate Deans for Academic

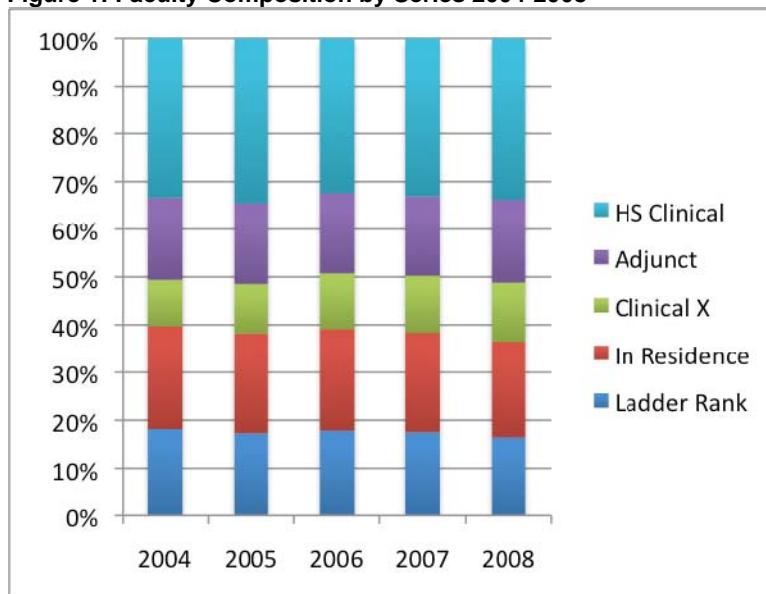
¹ The Academic Senate Task Force on Faculty Recruitment, Retention and Promotion was formed in 2002 and issued its report in December of 2003. This report was transmitted by then Academic Senate Chair Len Zegans to the Chancellor's Shared Governance Working Group in January 2004, and endorsed by the Chancellor on July 25, 2005.

Affairs in each of the four schools. This Request for Information and the responses from these agencies are attached to this report (Attachment 2).

FINDINGS AND RECOMMENDATIONS

The Task Force finds that the second category of recommendations mentioned above was implemented with reasonable fidelity, but there has been some backsliding to previous practices, and old problems of junior faculty being inappropriately appointed in Adjunct and Clinical series when, based on actual duties, a Senate appointment would be appropriate are re-emerging. The primary evidence for this conclusion is the fact that the proportion of Senate faculty, which transiently increased after the initial implementation of the recommendations of Armitage Report, has fallen to below 50% (Figure 1). As of 2008, only 48.8% of current full time UCSF faculty were appointed in Senate series. The percentage of Adjunct members relative to the full faculty notably began to drop after 2004, and continued to do so in 2005 and 2006 (when the recommendations of the Armitage report to reassess faculty then currently holding these appointments began taking effect throughout the campus). However, the proportion of Adjunct faculty on campus began to rise again in 2007 and 2008. This rise suggests that the practices sought to be remedied by the recommendations of the Armitage Report are returning.

Figure 1: Faculty Composition by Series 2004-2008



Based on the Armitage Report's estimate that about 40% of faculty in Adjunct and (Health Sciences) Clinical series were doing work indistinguishable from Senate faculty, we would estimate that if all of those faculty were appointed into the Academic Senate series appropriate for their responsibilities, about 70% of UCSF faculty should then hold appointments in Senate series (50% of current Senate faculty plus 40% of the 50% who are non-Senate faculty). While the Task Force was reluctant to set any specific numerical targets for the fraction of faculty that hold Senate rank appointments, it does believe that this calculation can serve as a guide for future policy implementation.

In addition to the findings and recommendations described below, the Task Force notes that there is a need for a renewed commitment to implementing the consensus recommendations of the TRRRP as approved by the Chancellor in 2005.

Improving Faculty Education About the Appointment and Promotion Process

The recommendations directed at ensuring that faculty at all levels were educated about faculty series, appointed into appropriate series and given the right to ask for a reevaluation of their series appointment focused on several actions. (Recommendations A.1-7)

At the time of initial hire, department/division chairs are to explicitly discuss the duties of the position and the duties of faculty series into which new appointees were being hired. This discussion is to be documented in writing via the "Checklist" (Important points for discussion between Department Chairs and ORU Directors and new Faculty Appointees). This practice appears to be widely followed. Both the Office of Academic Personnel (OAP) and the Committee on Academic Personnel (CAP) monitor packets for inclusion of the signed checklist.

The Office of Academic Affairs has produced a detailed search and recruitment [toolkit](#) on their website, which is given to all Search committees. ***Continuing efforts are needed to ensure that search committees are not only aware of these resources but that they also adhere to the guidelines set forth therein.***

In Dentistry, Nursing and Pharmacy, administrative oversight to ensure that new faculty are appointed into the appropriate series is in place. For each new hire, job descriptions are reviewed for match to the series being proposed by Associate Dean or Dean. This level of review is not occurring in the School of Medicine. ***A similar system of checks and balances is needed in Medicine to ensure that academic series is consistent with the job descriptions that are developed for all new appointments.***

The Armitage Report recommended that mentors take an active role in educating faculty about appropriate series. Multiple and repeated workshops conducted by OAP and by Associate Deans in all schools, have been held to support mentors and mentoring facilitators in appropriate knowledge about the varied series requirements. These sessions, which are also a prominent part of the Faculty Information and Welcoming Week program offered annually, have been widely publicized and well attended. Most of these informational sessions are open to faculty at all levels.

The Armitage Report recommended that faculty be made aware that, under existing procedures described in the APM, they may request a career review and a re-review of their academic personnel file at any time. While this information may be included in the informational sessions highlighted above, it is not clear how it is otherwise being systematically communicated to all potentially affected faculty. Two routes to disseminate this information are through the formal mentor program, via communication to the mentoring facilitators, and by highlighting this option in the Annual Call. ***Faculty in Adjunct and Clinical series should be routinely informed at the time of each review for merit or promotion of the criteria for appointment in the corresponding Senate series and that they have the option to request a formal review of their appointment for appropriate series.***

Implementing Policies to Ensure that Faculty are Appointed and Promoted in Appropriate Series

A second set of recommendations from Armitage Report focused on criteria for appointment or advancement. The key recommendation (B1) reads: *"The criteria for appointment and advancement in a given series should be determined by an individual faculty member's actual duties and should be consistent with those described in the APM. Departments should not create additional criteria for appointment and promotion beyond those in the APM, although the department can provide more specific guidelines and details of the appointment expectations to the faculty member."*

It appears that most schools follow the APM guidelines in establishing appointments and in reviewing files for merit and promotion. In the School of Pharmacy additional guidelines have been developed, to clarify the criteria for faculty. These additional guidelines were submitted for review to CAP before being implemented to ensure that they were in alignment with APM guidelines. Requests for information from departments about additional guidelines for advancement have not been completely answered. There are, however, still departments that employ APM guidelines as a floor and invoke additional criteria for

advancement (particularly grant funding) before approving an appointment to a Senate series, merit or promotion.

The rules of the APM should not be considered a floor for advancement criteria, but rather *the* standard. If documents clarifying the application of the APM in the context of specific schools are developed (as in the case of the School of Pharmacy), these criteria should be reviewed and approved by CAP for compliance with the APM. ***The Chancellor should direct deans and department chairs to withdraw all supplemental criteria for appointment and promotion and base decisions solely on the standards in the APM.***

Variable practices prevail about initially hiring faculty into the appropriate series. In most schools, faculty are hired into the series which fit their career goals and in which they will remain. However, in Medicine, many junior faculty are hired into clinical or adjunct series, funded by NIH K awards (or similar awards from other sources), “to allow them time to differentiate” into research or clinical tracks. Formal searches are only conducted at the point of promotion to Associate level, at which point faculty are appointed into the appropriate series. The number of faculty who have been hired under these conditions is not known, but the practice appears to be normative in some departments. In other departments, faculty are initially hired into the clinical series, and are expected to support portions of their salaries via clinical revenues, until such time as they demonstrate research productivity and can be promoted to another series (In Residence or Clinical X). Hiring practices that purposefully use initial appointments in the Adjunct or Clinical Series as a testing ground for faculty productivity before transferring the faculty member to a series that confers membership in the Academic Senate is inconsistent with the previously agreed upon recommendation that faculty be hired into the series which matches the duties they are to perform. ***Deans and the Chancellor should see that, with very limited exceptions, this practice should end.***

Some exceptions to programmatic-need hiring move research activities forward, support the educational mission of the University beyond the fellowship stage and may increase the candidate’s likelihood of attaining prestigious employment elsewhere. The task force was divided on the extent to which exceptions should be granted to consider junior faculty positions as supporting the educational mission of the University beyond the fellowship stage by appointing individuals as Adjunct Assistant Professors. Some members believed that such appointments were appropriate on a very limited basis and others believed that they were inconsistent with the Armitage Report and the UCSF Strategic Plan. Despite this lack of complete consensus, this task force recommends that such exceptions be governed by written policy. To be consistent with the campus Strategic Plan, such exceptions should be reviewed at the school level to fill needs in specific programmatic areas in accordance with the school and department’s strategic plans for department and faculty growth. ***Deans should approve such exceptions on a case-by-case basis and based on specific justifications by department chairs.***

Armitage Report recommendations (B2-4) addressed career trajectories of new faculty. Regarding whether faculty are hired initially into the series that suits their responsibilities, and in which they will likely remain, there are no hard trend data. (Once promotion files are electronic, transitions into and out of series will be easier to track.) Based on earnings records, in August 2009 322 of 1,922 core faculty were appointed in the Adjunct series. The School of Medicine reported that in the SOM from January 2004 through August 2009 there were 156 instances of faculty who were at one time paid as Adjuncts who were subsequently paid as faculty in another series (Clinical, Clinical X, In Residence or Ladder.) The School of Nursing reports three changes in series since 2004. The School of Pharmacy reports two. According to CAP records, CAP reviewed three changes in series from Adjunct or (Health Sciences) Clinical to Senate series between 2004 and 2008 in the School of Dentistry.

The Committee on Academic Personnel in particular has been acutely attentive to the issue of hiring and promotion into appropriate series. CAP reports that it carefully assesses the appropriateness of the series for new hires, as well as for faculty who are brought forth for review or promotion. CAP recommends a Change of Series as part of its review if the duties documented in faculty member’s CV and academic review packet are not aligned with their current series. CAP provided data that suggests the number of Changes in Series vary by year but are accelerating in number and percentage of the files reviewed (2004-05: 13%; 2005-06: 12%; 2006-07: 14.7%; 2007-08: 14.6%; and 2008-09: 20.2%). ***CAP should***

continue to be vigilant in monitoring this issue, particularly for all new appointments, and continue to suggest changes in series for initial appointments when appropriate.

Systematic Review of Existing Faculty in Adjunct and Clinical Appointments

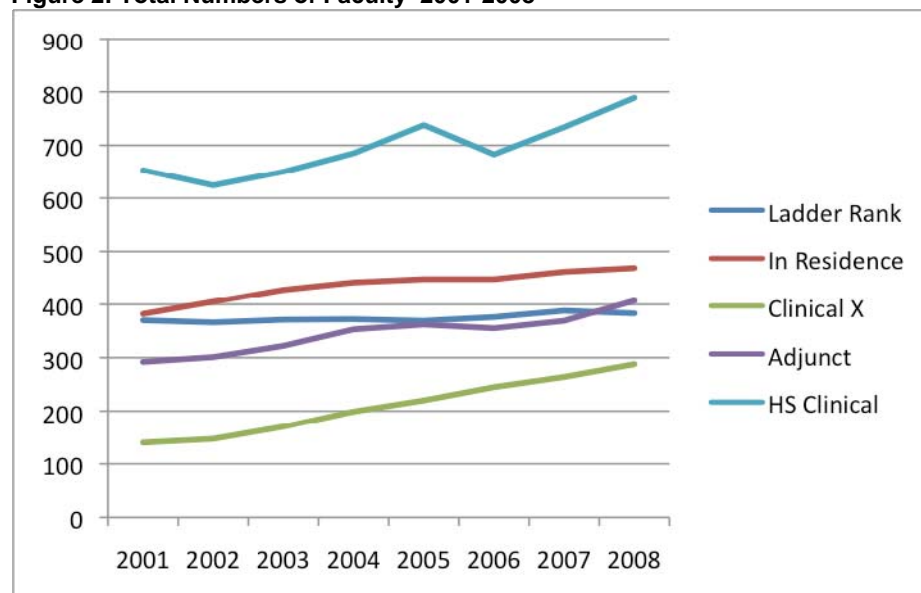
The third major Armitage Report recommendation was for a systematic review of existing faculty in the adjunct or Health Sciences Clinical series, to determine the appropriateness of these series appointments. This review appears to have been largely accomplished, and the task force applauds the exceptional work of the Office of Academic Personnel and CAP in addressing this concern.

ISSUES RELATED TO FACULTY GROWTH

The recommendations of the Armitage Report did not expressly address concerns regarding faculty growth as a separate issue, but was concerned with inappropriate growth within certain series. This task force, however, was also charged to review trends in faculty growth both in light of the recommendations of the Armitage Report and in light of the Strategic Plan. It appears that (1) faculty growth has occurred, and (2) it seems to be doing so regardless of programmatic goals or the Armitage Report.

Based on the numbers reported by the Office of Academic Personnel, the faculty grew from 1,840 members in 2001 to 2,051 members in 2004, an increase of 11.5% for that period, or an average annual rate of growth 2.86%. During the four year period after the issuance of the Armitage report, the faculty grew from 2,051 members in 2004 to 2,336 members in 2008, a rate of faculty growth of 13.9%, or average annual rate of growth 2.78%. While the total number of faculty decreased in 2006 (to 2,107 members), the growth in faculty numbers resumed in 2007. The composition of the faculty for these years by series is presented in Figure 2, and Tables 1, 2 and 3.

Figure 2: Total Numbers of Faculty 2001-2008



While the number of Clinical X faculty grew by 89 persons during 2004-2008, the Clinical X series has the fewest number of appointees (currently only 288) and the relatively small population of Clinical X faculty gives rise to a somewhat misleading average annual growth rate of 8.94% for this period. Setting aside the Clinical X figures, the greatest growth occurred in the non-Academic Senate Adjunct and Health Sciences Clinical series, which grew by 3.06% and 3.04% respectively from 2004-2008. Appointments to the Ladder Rank and In Residence series have remained relatively stable over this time period, expanding at 0.59% and 1.22%, respectively.

Table 1: Faculty Numbers by Series

	2001	2002	2003	2004	2005	2006	2007	2008
Ladder Rank	370	366	371	372	369	376	388	383
In Residence	382	405	428	442	448	448	462	469
Clinical X	140	147	170	199	220	245	264	288
Adjunct	292	301	322	353	362	355	369	407
HS Clinical	653	624	650	685	738	683	734	789
Total Faculty	1840	1843	1941	2051	2137	2107	2217	2336

Table 2: Faculty Growth Rates, Annual

	2002	2003	2004	2005	2006	2007	2008
Ladder Rank	-1.08%	1.37%	0.27%	-0.81%	1.90%	3.19%	-1.29%
In Residence	6.02%	5.68%	3.27%	1.36%	0.00%	3.13%	1.52%
Clinical X	5.00%	15.65%	17.06%	10.55%	11.36%	7.76%	9.09%
Adjunct	3.08%	6.98%	9.63%	2.55%	-1.93%	3.94%	10.30%
HS Clinical	-4.44%	4.17%	5.38%	7.74%	-7.45%	7.47%	7.49%
Total Faculty	0.16%	5.32%	5.67%	4.19%	-1.40%	5.22%	5.37%

(Data sets prior to 2001 were unavailable.)

Table 3: Average Annual Faculty Growth Rates

	2001-2004	2004-2008
Ladder Rank	0.14%	0.59%
In Residence	3.93%	1.22%
Clinical X	10.54%	8.94%
Adjunct	5.22%	3.06%
HS Clinical	1.23%	3.04%
Total Faculty	2.87%	2.78%

The overall rate of faculty growth has not significantly decreased since the Armitage Report, and the current rate of faculty growth is not sustainable without parallel strategic growth of faculty support infrastructure. The strain on campus resources is seen in obvious ways such as access to parking, childcare facilities, and teaching, laboratory and clinical space. This level of unfocused faculty growth has put an enormous strain on administrative resources such as human resources, facilities, contracts, grants, advancement processing by Academic Affairs, academic review by CAP and department-level administration. These stresses have a campus-wide impact, and opportunistic hiring practices in one department can negatively stress other departments and even the entire system.

As part of the UCSF Strategic Plan, Point Six of the Strategic Direction (page 13) is *Promoting a Supportive Work Environment*. The vision here stated is to “Provide a supportive and effective work environment to attract and retain the best people and position UCSF for the future.” The first goal to achieve this vision is to “Recruit, mentor and retain the highest-caliber faculty, staff, students, residents, fellows and postdoctoral scholars.” These statements support the practice of planned recruitment and appointment over opportunity hiring (i.e., offering Adjunct appointments to any fellow who can win a K award). It also argues against the practice of creating Adjunct positions on an ad hoc basis, or granting Adjunct appointments to several candidates and then waiting to see who ultimately “makes the grade.” The Task Force would like to reiterate the Armitage Report recommendation that “Hiring people into the wrong series for purely financial reasons is an unacceptable administrative practice.”

While the inappropriate use of the Adjunct series has weakened the faculty’s position in shared governance, so has the overall unrestrained and non-strategic rise in the faculty numbers. While the San Francisco Division values its Adjunct and Health Sciences Clinical Faculty, they are not members of the Academic Senate. As stated earlier, the level of faculty with Senate appointments has been hovering at

or below 50% of the total faculty since 2004. Also, as noted above, based on actual duties one would expect the fraction of the faculty with Senate appointments to be around 70%.

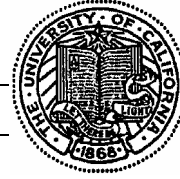
Regarding faculty growth, the task force recommends:

1. Unrestrained growth stresses every part of the system at UCSF and must be checked by clear and enforceable policies.
2. New faculty appointments and faculty growth should, with few exceptions, be in direct response to programmatic needs.
3. Checks and balances on growth should happen at the level of the deans, and any growth should have a clear strategic purpose, rather than simply adding promising postdoctoral fellows to the faculty because they can secure extramural funding.

Finally, the task force recommends that APB take an active role in monitoring faculty growth in the various series. When promotion records are electronic, an annual review of numbers of faculty in the various series, changes in series and new hires should be monitored.

Task Force Reviewing the Recommendations of the Task Force on Faculty Recruitment, Retention and Promotion and New Faculty Appointments

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**REPORT OF THE ACADEMIC
SENATE TASK FORCE ON
FACULTY RECRUITMENT,
RETENTION, AND PROMOTION**

December 17, 2003

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BACKGROUND

In 2000 the Academic Senate Task Force on the Future of Clinician Scientists reported on factors that influence the success rate of clinician scientists and proposed recommendations to enhance the success of these faculty members. In 2002 the Task Force on Faculty Recruitment, Retention, and Promotion (TFRRP) was created in order to continue studying these and other faculty issues. The Task Force on the Future of Clinician Scientists conducted a survey that included questions regarding research support, mentoring, promotion, and balancing research, patient care and teaching loads. In addition to the survey, over 80 faculty members participated in focus groups and offered personal experiences and suggestions on how to enhance their success as clinician scientists. These groups were encouraged to discuss issues of concern with respect to their careers as clinician scientists. A number of themes identified from the questionnaire served as a starting point for these discussions. When asked to provide a preferred balance of responsibilities between research, teaching, patient care, administration and public service, 94% of respondents indicated a desire to have more research time, indicating that increasing clinical responsibilities was the biggest barrier to achieving this balance. Respondents also noted that they did not receive any mentoring or the mentoring was insufficient to assist them in career development.

The 2000 survey also identified a general concern about the shift in the nature of appointments in the UCSF faculty away from Senate appointments (Ladder Rank, In-Residence, and Clinical X) to non-Senate appointments (Clinical and Adjunct). In 2000 faculty in the Senate series represented a minority of UCSF salaried faculty. This trend appeared most notably at the assistant professor level. This trend poses a challenge for the University because fewer faculty voices are heard in the University if only a small percentage of faculty are Senate members and can participate in shared governance. With fewer faculty available for Senate committee participation, the minority of faculty end up speaking for the majority, especially since Clinical and Adjunct faculty are not generally granted the same privileges by the Regents and generally cannot participate in the decision-making process or committee structure within the Senate. For UCSF this shift is particularly significant, since the faculty who provide the majority of teaching and clinical service are excluded from participating in many levels of shared governance. In addition, there was concern that non-Senate appointments could put individual faculty at long-term disadvantage in terms of career development.

It should be noted that the TFRRP believes that shift in appointments away from tenure-track (Ladder Rank) appointments is primarily based on two facts: until FY 2002-03, UCSF had not received any additional FTE lines for over 30 years yet UCSF faculty continued to grow during that time, in large part to meet the increasing teaching and clinical responsibilities. As a consequence, all faculty growth at UCSF has, of necessity, been in the In-Residence, Clinical X, Clinical, or Adjunct faculty series. This makes it an arithmetic certainty that the tenure-track series will continue decreasing in proportion to those other series, as long as the UCSF faculty continues to grow. Therefore, a major concern of the TFRRP was the decreasing proportion of faculty with appointments in two of the three Academic Senate-membership series (i.e., In-Residence and Clinical X).

The five series have in many respects served UCSF very well. Although many of the faculty, particularly those who have clinical responsibilities, have similar professional expectations, the allocation of the responsibilities varies from one series to another. The different series, when used correctly, allow the faculty member the opportunity to define the appropriate distribution of responsibilities according to interests, skills, departmental expectations and funding alternatives. Operationally, except for eligibility for tenure, the Ladder Rank and In-Residence series are considered identical with regard to the types of duties performed and the criteria for advancement.

Faculty in the different series are paid based on the same salary scale and the allocation of responsibilities represents a horizontal array of different, but equally important tasks.

The Task Force on the Future of Clinician Scientists identified methods to increase the proportion of faculty with appointments in Senate-membership series based on the fact that a substantial number of faculty currently holding Adjunct or Clinical appointments are doing work indistinguishable in its nature and quality from faculty holding Senate appointments. At the same time the this task force regarded as critically important the need to ensure that any changes not inadvertently denigrate the Adjunct or Clinical series for those faculty whose duties are appropriate for those series. The Clinical and Adjunct series are absolutely essential at UCSF, and faculty holding appointments in them should not to be made to feel like second-class citizens.

In October 2001 the Shared Governance Working Group, composed of the five Deans and Academic Senate leadership initiated a joint task force, the TFRRP, to further examine the reasons for the increasing numbers of new Clinical and Adjunct faculty as related to the relative lack of new In-Residence, Ladder Rank, and Clinical X faculty; the increased pressures of faculty in clinical departments to generate clinical income, thereby allowing less time and fewer resources to develop research programs; and the ambiguity of the hiring and promotion processes leading to discordance between faculty expectations and expectations of the department chairs. In particular, the working group sought to create a process by which policy decisions can be made to address these concerns.

The Task Force on the Future of Clinician Scientists had made specific recommendations and using these as starting points, Daniel Bikle, Chair of the Divisional Academic Senate from 2001 to 2003, in collaboration with the Deans, initiated the TFRRP. The TFRRP was composed of one senior Academic Senate member from each school, each associate/vice dean for academic affairs from the four schools, and Diane Dillon, Director, Academic Personnel in the Office of the Vice Chancellor for Academic Affairs.

Chair Bikle and the Deans charged the TFRRP to:

- Examine the causes for the trend toward the recruitment of higher numbers of non-Senate faculty (Clinical, Adjunct) but lower numbers of Senate faculty (especially Ladder Rank and In-Residence.)
- Clarify the criteria for recruitment and promotion within the newly expanded Clinical X series.
- Develop policies to ensure that faculty are hired and promoted within the appropriate series and with full understanding of the expectations associated with their career paths.
- Identify ways to maximize availability of existing resources, encourage their use, and expand them where possible to optimize the creative activities of all faculty.

The TFRRP did not address the issue of clarification of "...the criteria for recruitment and promotion within the newly expanded Clinical X series" since the UCSF Committee on Academic Personnel (CAP) and other groups within the Academic Senate, as well as the administration, are well along in developing and implementing these criteria. The lifting of the ceiling on appointments into the Clinical X series at UCSF in 2000 has increased the number of faculty appointed into or changed to this series, which, in turn, increases the number of faculty who can participate in shared governance.

METHODOLOGY

The TFRRP initially developed two surveys to gather data on the possible causes for the increasing percentage of faculty in non-Senate series.

- A paper questionnaire for department chairs (Appendix 1) sought to identify the departmental trends in hiring practices. Of the 36 chairs who received a survey, 33 responded. Initially organized research unit (ORU) chairs were also asked to participate in the survey, but because hiring authority rests in departments and not ORUs, these responses were not included in the report.
- A second survey (Appendix 2) entailed telephone surveys with a case group of 100 Assistant Clinical and Adjunct professors and a control group of 25 Assistant Ladder Rank and In-Residence professors (Appendix 3). The questionnaire was designed using Academic Personnel Manual (APM) criteria for promotion in the Ladder Rank and In-Residence series.

In addition, a Faculty Publication Study was conducted. In this study the publication records of a random sample of 25 Assistant Clinical and Adjunct professors who participated in the telephone survey were examined to determine the nature and quality of their publications, as well as to determine whether these faculty tended to have independent research programs or simply play supporting roles.

In addition to the above surveys, the TFRRP discussed common hiring practices and procedures utilized by departments in each of the four schools. The collective experience of the associate/vice deans for academic affairs of each of the four schools and the Director of Academic Personnel, who are members of the TFRRP, served as an important source of information in this area. Findings and recommendations of the “Report of the Chancellor’s Task Force on the Climate of Faculty” (Ruth Greenblatt and William Margaretten, Co-chairs) and the “Report of the Academic Senate Mentoring Task Force” (Mary Croughan and Dorothy Bainton, Co-chairs) were also reviewed and discussed.

KEY FINDINGS OF DEPARTMENT CHAIRS SURVEY

Asked whether they appointed faculty to the Adjunct or Clinical series, even if he/she qualified for Ladder Rank, In-Residence, and Clinical X series (without the restrictions on the number of Clinical X appointments), department chairs responded that they had implemented such hiring practices 33%, 24%, and 24% of the time respectively.

Factors which always or often affected appointment decisions included (in decreasing order of frequency): funding issues/lack of FTE, space issues, concern that the individual would not meet promotion criteria, the need for extensive clinical work from the individual, and the need for extensive teaching work. Of major significance to hiring practices for the In-Residence series were potential financial liability issues when individuals reached the rank of Associate Professor In-Residence. At the departmental level, hiring decisions are often made on the basis of available funds. Choices about what series a person is hired into is influenced by what resources are available and what level of financial liability or commitment by the department might be involved.

Appendix 4 and Appendix 5 present the complete results of this survey.

KEY FINDINGS OF FACULTY TELEPHONE SURVEY

A telephone survey was administered by the staff of the Academic Senate Office to a stratified random sample of 100 Assistant Clinical and Adjunct professors with salaried appointments and a simple

random sample of 25 Assistant In-Residence and Assistant Ladder Rank faculty. The principal findings of this survey were:

- About 40% of the UCSF junior faculty in the Clinical and Adjunct series are engaged in the same types of activities expected of people appointed in either the In-Residence or Clinical X series. Individuals in this group of faculty conduct research and publish their findings in peer-reviewed journals; do a considerable amount of teaching and participate in the full range of service activities (e.g., committee service, patient care).
- The distribution of effort between teaching, research, clinical activities, and university and public service is not significantly different between Adjunct and In-Residence/Ladder Rank faculty.
- Clinical faculty spend more time in teaching and clinical service and less time in research than Adjunct and In-Residence/Ladder Rank faculty.
- More than half the Adjunct faculty and about one quarter of Clinical faculty appear to meet the criteria for In-Residence (or Ladder Rank) faculty appointments using the APM criteria (teaching, active research program and publication, University and public service.) These faculty are primarily in the Schools of Dentistry and Medicine.
- Only about half the Clinical and Adjunct faculty who appear to meet the APM criteria for In-Residence appointments anticipate a change in series.
- Many junior faculty in the Clinical and Adjunct series do not have a clear understanding of the different types of faculty series at UCSF. Importantly, the administration often does not make it clear to people appointed in the Clinical and Adjunct series what the expected duties are for these series.

Faculty who participated in the telephone surveys also offered open-ended comments on the following areas:

- Difficulties of changing series
- Disadvantages of the Adjunct series
- Lack of compensation and recognition for teaching service
- Lack of security of employment in the Clinical and Adjunct series
- Lack of clear promotion criteria information and lack of communication of these criteria
- Lack of financial support from University
- Lack of protected time for research activities
- Shortage of adequate mentoring and faculty development opportunities
- Perception that junior faculty carry higher load than senior faculty
- Perception that female faculty are at a disadvantage, especially junior faculty
- Lack of laboratory space and office space
- Perception that the University prefers to recruit external candidates
- Quality of life and difficulty balancing family needs and career goals
- Difficulty balancing basic research activities and clinical duties
- Satisfaction with career and University environment

Appendix 6 and Appendix 7 present the complete results of this survey.

KEY FINDINGS OF FACULTY PUBLICATION STUDY

- About 44% (7 out of 16) of Assistant Adjunct professors publish in high-quality journals as first authors, second authors, or senior authors.

- Assistant Clinical professors also produce similar data with 44% (4 out of 9) using the same criteria.

Appendix 8 presents the complete results of this study.

KEY FINDINGS REGARDING PROBLEMS WITH CURRENT HIRING PRACTICES

- There is often a mismatch between the needs and expectations of the Department and those of junior faculty appointed in the Clinical and Adjunct series. For example, a Department may need someone to primarily perform patient care and clinical teaching. In some cases a qualified clinician/teacher, although hired in the Clinical series to meet departmental needs, is also interested in a broader academic career and therefore performs research or other creative activities normally expected of those with In-Residence or Clinical X series.
- Some departments appoint junior faculty in the Adjunct or Clinical series with the intent to change the appointment to an In-Residence or Clinical X series only if the individual develops a strong research, teaching, and service portfolio. For example, one department in the School of Medicine routinely places new appointees in the Adjunct or Clinical series and will only consider changing the appointment to the In-Residence series when the individual obtains a research grant from the National Institutes of Health (or “equivalent” funding agency).

RECOMMENDATIONS

A major component of the TFRRP’s charge was to make recommendations in response the following question:

What mechanisms can be put in place to support more willingness on the part of the individual Department Chairs/Schools to hire and promote faculty in a series that confers Academic Senate membership (i.e., In-Residence and Clinical X)?

The TFRRP acknowledged that several mechanisms already exist that help in the attempt to reach the goal of hiring and promoting faculty in the appropriate series. These include: 1) faculty participation in departmental search and personnel review process, 2) written and verbal communications from department chairs with prospective new faculty about employment and existing faculty about advancement, 3) oversight by the associate/vice dean for academic affairs of each school, and 4) oversight by CAP.

Despite these mechanisms, it is quite clear that a sizable percentage faculty appointed in the Clinical and Adjunct series is doing the types of work expected of those in the In-Residence or Clinical-X series. This mismatch between actual duties and appointment series needs to be addressed in a systematic way.

In addition, many individuals appointed in the Adjunct or Clinical series do not have an adequate understanding of the different faculty series at UCSF.

The TFRRP recommendations are in the following four areas: A) Implementation of a multifaceted educational program, B) Establishment of general guidelines for new appointments, C) Systematic review of existing faculty in the Clinical and Adjunct series, and D) Identification by the campus

Administration of ways to minimize the financial liability issues of hiring people in the In-Residence series.

A. Implementation of a Multifaceted Educational Program

The TFRRP believes that the best way to deal with the low awareness of faculty regarding the types of faculty series at UCSF is through a multifaceted educational effort. There is a considerable need to increase the awareness of new and existing faculty on available career paths at UCSF. This awareness program should occur at all possible levels.

1. Existing faculty who participate in the search and review process of colleagues should be given sufficient information about the expectations for each series so that they understand the appropriate series for appointment or advancement for each faculty member being evaluated. They should also be educated about the responsibility to identify situations where faculty are being recruited into an incorrect or inappropriate series. If a perceived problem exists, it is the responsibility of the reviewing faculty to document and report their concerns to the relevant department chair and associate/vice dean for academic affairs. This responsibility also should be in effect during the departmental merit and promotion reviews of their colleagues.
2. Department chairs, in their Departmental discussions with new and existing faculty, need to increase their efforts at communicating the differences between the various faculty series at UCSF, the expectations for advancement in each series and the appropriate alternatives for each faculty member. It should be the responsibility of the chair to document that these discussions have taken place. Such documentation needs to be in the personnel files of new and existing faculty.
3. At the time of initial hire, information about the precise nature of the series should be put in writing. A written description of the expectations and duties of individuals in that series should be provided to the new faculty member. Use of the recently implemented CAP “Important Points for Discussion Between Department Chairs/ORU Directors And New Faculty Appointees” (“Checklist”) that appears in the annual call should help in this regard (Appendix 9).
4. The associate/vice deans for academic affairs should intensify their efforts at identifying and correcting situations where people are clearly being considered for appointment in the wrong series. This also applies to existing faculty who are being proposed for merits or promotions.
5. CAP should intensify its efforts at identifying situations where people are clearly being considered for employment or advancement in the wrong series. The recently approved, and now utilized, appointment “Checklist” required by CAP should be a useful tool for establishing general guidelines for new appointments. In cases of a mismatch between an individual and their faculty series, CAP needs to strongly make recommendations for initial appointment in the appropriate series.
6. As part of the formal faculty mentoring program, mentors need to incorporate into their overall advisory program information on the different series available at UCSF. An attempt should be made to ensure that mentored faculty have a working knowledge of the different series and how this knowledge applies to them. The goal, of course, is to minimize situations where faculty find themselves in the inappropriate series.
7. All faculty need to be made aware that, under existing procedures described in the APM, they may request a career review and a re-review of their academic personnel file at any time. This includes situations where the faculty member believes that he/she may be in the wrong series.

B. Establishment of General Guidelines for New Appointments

1. The criteria for appointment and advancement in a given series should be determined by an individual faculty member's actual duties and should be consistent with those described in the APM. Departments should not create additional criteria for appointment and promotion beyond those in the APM, although the department can provide more specific guidelines and details of the appointment expectations to the faculty member.
2. When new faculty are hired, particularly at the junior level, they should be appointed in the series that best fits their anticipated duties over the long run. These duties and the faculty series into which they are appointed should be consistent with those described in the APM.
3. When new faculty are hired, particularly at the junior level, they should be appointed in a series where it is anticipated that they have a reasonable chance of fulfilling the criteria for advancement as described in the APM. People should be hired directly into the series that one expects them to stay in throughout a successful academic career. Changes in series should be the exception rather than the rule, although as career goals change, it might be appropriate for a faculty member to consider a change in series to align the professional goals with the series. The practice of appointing faculty in a non-Senate series with the expectation that they will be transferred to a Senate series when specific criteria (such as obtaining an NIH grant) should be ended.
4. When new faculty are hired, all attempts should be made to place them in the faculty series that best fits their career goals. If an individual is expecting to pursue an academic career involving teaching, research/creative activity, and the full range of service – they should be placed in an appropriate Senate faculty series that is consistent with their career goals.
5. In approving new appointments, CAP should pay special attention to the proposed duties of the new appointee and, if it appears that someone is being appointed in the wrong series, bring this to the attention of the appropriate associate/vice dean for academic affairs before acting on the file.

C. Systematic Review of Existing Faculty in the Adjunct or Clinical Series

Since a significant percentage (estimated by the TFRRP to be approximately 40%) of existing junior faculty in the Clinical and Adjunct series appear to be doing the types of work expected of those in the In-Residence or Clinical X series, the TFRRP recommends that a systematic review be conducted to identify people who might be in an inappropriate series. An attempt should be made to move people into the series that best fits their actual duties and records of academic achievement. This will take time, perhaps as long as three years. Responsibility for these reviews should rest with the associate/vice deans for academic affairs in the four schools, with oversight by the Academic Senate through CAP.

1. At the time of review for merits and promotions of all existing faculty who hold Adjunct or Clinical titles, there should be a review of actual duties. If individual faculty are satisfactorily performing all of the duties expected of a Senate member, they should be transferred into the appropriate Senate series. The associate/vice deans for academic affairs should instruct the departments to consider these issues when preparing merit and promotion packets.
2. CAP should consider these issues when reviewing packets for those faculty it reviews and bring to the attention of the appropriate associate/vice dean for academic affairs through the Vice Chancellor for Academic Affairs cases of those individuals who should be considered for movement into a Senate series.

3. The associate/vice deans for academic affairs should provide an annual report to CAP on the number of Clinical and Adjunct faculty reviewed each year and the number who are moved into an appropriate Senate series.
4. There should be a blanket waiver of national searches of all series changes of those individuals who are UCSF faculty as of the date that these recommendations are implemented through the time it takes to review all eligible faculty. This waiver should not apply to new appointments.

D. Identification by Campus Administration of Ways to Minimize the Financial Liability of Hiring People into the In-Residence Series

The TFRRP recognizes that in these times of severe financial constraints that identification of resources to guarantee limited (i.e., 1 year) support for In-Residence faculty when they have reached the Associate Professor level is particularly difficult. Department chairs are often reluctant to take the possible financial risk associated with hiring In-Residence faculty. Nevertheless, hiring people in the wrong series purely for financial reasons is an unacceptable administrative practice.

1. In budgetary negotiations between the Chancellor, Deans of the four Schools, and department chairs, funds should be designated to guarantee the limited support currently mandated for In-Residence faculty. Administrators must find ways to financially accommodate the growth of academic units, while at the same time taking into account the well-being and future careers of the faculty who are hired, rather than shifting all the financial risk on to the junior faculty as a *de facto* condition of offering them a UCSF faculty position.
2. Department chairs, in particular, should be held accountable for the practice of hiring people in the Adjunct or Clinical series purely for financial reasons when the positions being filled more appropriately calls for an In-Residence appointment. This issue should be part of the stewardship review of department chairs and other administrators.
3. This report should be transmitted to the Academic Senate Committee on Academic Planning & Budget (APB) to inform the committee of the problem of hiring faculty, strictly for financial reasons, in the Adjunct or Clinical series when the positions being filled call for In-Residence appointments. APB should take an active role in monitoring and discouraging this practice when they advise the Administration on budgetary matters.

APPENDIX 1. SURVEY QUESTIONS FOR DEPARTMENT CHAIRS

INITIAL APPOINTMENT

Have you ever had occasion to appoint an individual to the Adjunct or Clinical series, even if he or she qualified for the Ladder Rank series?

Yes

No (If *No*, proceed to Question 4)

How often did the following factors affect this appointment decision? Select all that apply.

	Always	Often	Sometimes	Rarely
Funding issues/Lack of FTE				
Space issues				
Concern that individual would not meet Ladder Rank promotion criteria and would fail to be promoted				
Concern that Ladder Rank series maintains lax promotion criteria (i.e., unwarranted promotion might be granted)				
Lack of administrative support available to individual				
Need for extensive clinical work from individual				
Need for extensive teaching work from individual				
Need for extensive administrative work from individual				
Lack of support from Dean				
Requirement for national search				
Lack of support from faculty for new appointments to this series				

List any other factors or issues affecting your appointment decisions for Ladder Rank series.

Have you ever had occasion to appoint an individual to the Adjunct or Clinical series, even if he or she qualified for the In-Residence series?

Yes

No (If *No*, proceed to Question 8)

How often did the following factors affect this appointment decision? Select all that apply.

	Always	Often	Sometimes	Rarely
Funding issues/Lack of FTE				
Funding issues/Financial liability related to In-Residence series				
Space issues				
Concern that individual would not meet In-Residence series promotion criteria and would fail to be promoted				
Concern that In-Residence series maintains lax promotion criteria (i.e., unwarranted promotion might be granted)				
Lack of administrative support available to individual				
Need for extensive clinical work from individual				
Need for extensive teaching work from individual				
Need for extensive administrative work from individual				
Lack of support from Dean				
Requirement for national search				
Lack of support from faculty for new appointments to this series				

List any specific funding issues and how often they affect your appointment decisions for In-Residence series.

List any other factors or issues affecting your appointment decisions for In-Residence series.

Did you ever have occasion to appoint an individual to the Adjunct or Clinical series, even if he or she qualified for the Clinical X series when there was a ceiling of Clinical X appointments?

Yes

No (If *No*, proceed to Question 11)

How often did the following factors affect this appointment decision? Select all that apply.

	Always	Often	Sometimes	Rarely
Funding issues				
Space issues				
Concern that individual would not meet Clinical X series promotion criteria and would fail to be promoted				
Concern that Clinical X series maintains lax promotion criteria (i.e., unwarranted promotion might be granted)				
Lack of administrative support available to individual				
Need for extensive clinical work from individual				
Need for extensive teaching work from individual				
Need for extensive administrative work from individual				
Lack of support from Dean				
Requirement for national search				
Lack of support from faculty for new appointments to this series				

List any other factors or issues affecting your appointment decisions for Clinical X series.

Do you have occasion to appoint an individual to the Adjunct or Clinical series, even if he or she qualified for the Clinical X series since the ceiling has been lifted? (If *No*, proceed to Question 14)

- Yes
- No

How often do the following factors affect this appointment decision? Select all that apply.

	Always	Often	Sometimes	Rarely
Funding issues				
Space issues				
Concern that individual would not meet Clinical X series promotion criteria and would fail to be promoted				
Concern that Clinical X series maintains lax promotion criteria (i.e., unwarranted promotion might be granted)				
Lack of administrative support available to individual				
Need for extensive clinical work from individual				
Need for extensive teaching work from individual				
Need for extensive administrative work from individual				
Lack of support from Dean				
Requirement for national search				
Lack of support from faculty for new appointments to this series				

List any other factors or issues affecting your appointment decisions for Clinical X series.

RECRUITMENT AND RETENTION

In general please describe issues that hinder the recruitment/retention of excellent faculty in your department or ORU.

In your opinion, please describe the factors that you believe facilitate recruitment/retention of excellent faculty in your department or ORU.

Please add any additional comments that you think would be helpful to the task force.

APPENDIX 2. TELEPHONE SURVEY QUESTIONS FOR 100 ASSISTANT CLINICAL AND ADJUNCT FACULTY

- 1a. Do you think that you are in the correct faculty series (i.e., Adjunct or Clinical as opposed to Clinical X, In-Residence or Ladder Rank)?
- 1b. If not, what series would you prefer?
- 1c. What do you see as the barriers to being appointed to that series?
- 2a. Have you changed series since you began at UCSF?
- 2b. If yes, what was the change?
- 3a. Do you anticipate a change in series in the future?
- 3b. If yes, to what series?
- 3c. Under what conditions?
- 4a. What percentage of your time do you participate in didactic and laboratory teaching (including preparation)?
- 4b. What types of courses are these? (e.g., lecture, seminar, web-based, lab)
5. What percentage of your time do you participate in clinical teaching?
6. What percentage of your time do you participate in clinical service activities?
7. What percentage of your time do you spend mentoring students, residents, fellows, doctoral candidates and/or post-docs?
8. What percentage of your time is devoted to research?
9. What percentage of your time is devoted to other creative or scholarly activity outside of research and teaching? (e.g., widespread dissemination of syllabi, book or book chapter publishing, etc.)
10. What percentage of your time do you engage in University and public service? (e.g. mentoring of other faculty members, formal administrative duties, such Senate or other UC committee service, etc.)
- 11a. What percentage do you spend in other activities not listed above?
- 11b. What are these activities?
- 12a. Would you like to spend more time teaching?
- 12b. If yes, what are the impediments to doing so?
13. What is the general nature of your research?
14. What do you characterize as your creative or scholarly activity?
- 15a. Do you publish the results of your research or creative activity?
- 15b. What kind of publications?
- 15c. About how many per year?
- 16a. Have you received intramural or extramural funds to support your research or creative activity?
- 16b. If so, from what agencies?
- 17a. Would you like to spend more time doing research and creative activity?
- 17b. If yes, what are the impediments to doing so?
18. What organizations do you hold a leadership role?
19. Do you receive clinical referrals from local, national and/or international sources?
- 20a. Have you been invited to present on the topic of your specialty to local, national, or international audiences?
- 20b. If so, how many times in the last two years?

- 21a. Do you participate in the review of manuscripts or grant applications?
- 21b. If so, for which journal and/or agency?
22. Would you be interested in serving on university committees?
23. How would you rate your knowledge of the series structure at UCSF? (no knowledge, poor, fair, good, excellent)
24. Did you receive an employment letter at the time of your appointment which listed your job duties, promotion criteria, protected time, etc?
25. Do you have any further comments?

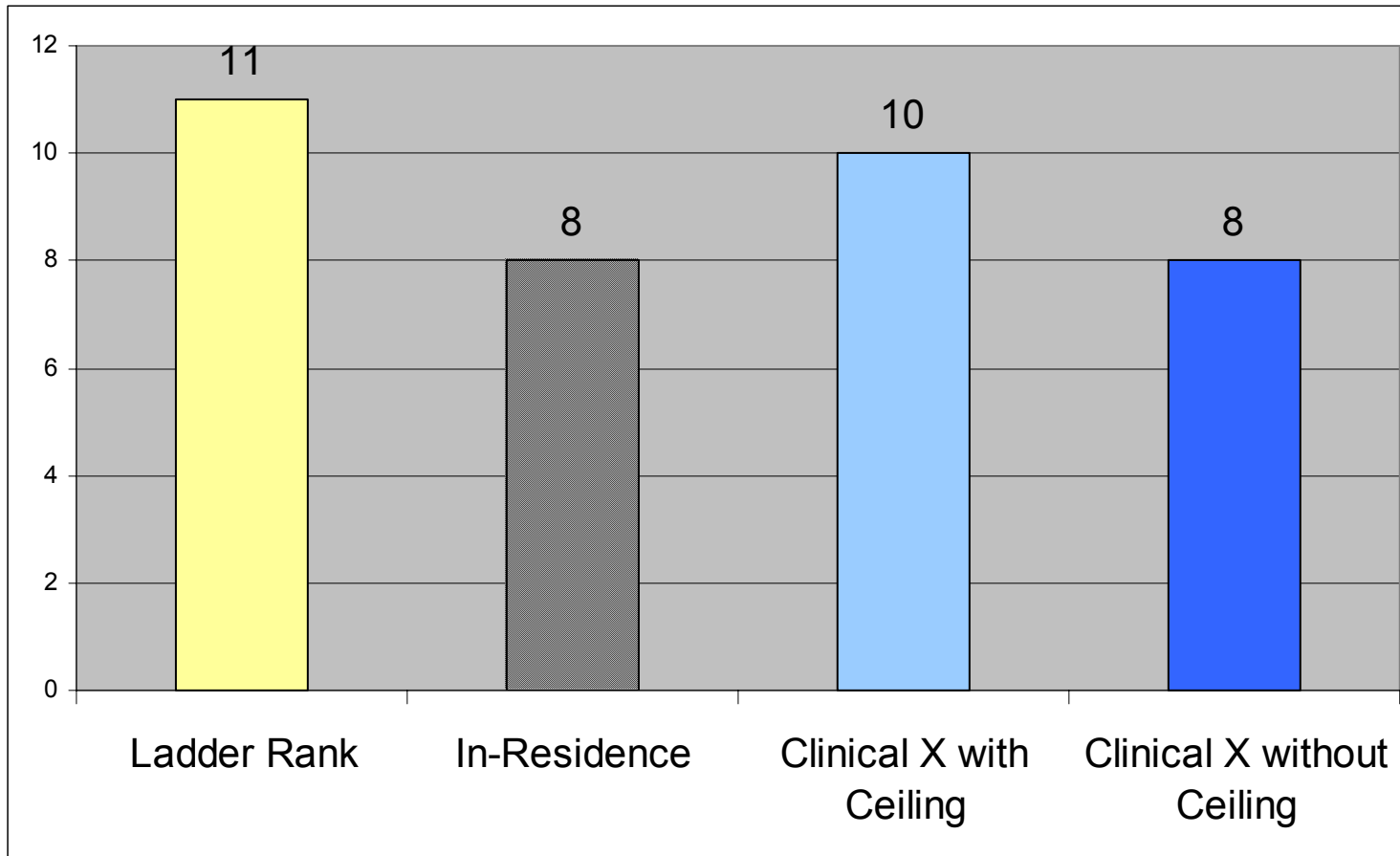
APPENDIX 3. TELEPHONE SURVEY QUESTIONS FOR 25 ASSISTANT LADDER RANK AND IN-RESIDENCE FACULTY

- 1a. Have you changed series since you began at UCSF?
- 1b. If yes, what was the change?
- 2a. What percentage of your time do you participate in didactic and laboratory teaching (including preparation)?
- 2b. What types of courses are these? (e.g., lecture, seminar, web-based, lab)
3. What percentage of your time do you participate in clinical teaching?
4. What percentage of your time do you participate in clinical service activities?
5. What percentage of your time do you spend mentoring students, residents, fellows, doctoral candidates and/or post-docs?
6. What percentage of your time is devoted to research?
7. What percentage of your time is devoted to other creative or scholarly activity outside of research and teaching? (e.g., widespread dissemination of syllabi, book or book chapter publishing, etc.)
8. What percentage of your time do you engage in University and public service? (e.g., mentoring of other faculty members, formal administrative duties, Senate or other UC committee service, etc.)
- 9a. What percentage do you spend in other activities not listed above?
- 9b. What are these activities?
10. Would you like to spend more time teaching?
11. What do you characterize as your creative or scholarly activity?
- 12a. Do you publish the results of your research or creative activity?
- 12b. What kind of publications?
- 12c. About how many per year?
- 13a. Have you received intramural or extramural funds to support your research or creative activity?
- 13b. If so, from what agencies?
14. Would you like to spend more time doing research and creative activity?
15. What organizations do you hold a leadership role?
16. Do you receive clinical referrals from local, national and/or international sources?
- 17a. Have you been invited to present on the topic of your specialty to local, national, or international audiences?
- 17b. If so, how many times in the last two years?
- 18a. Do you participate in the review of manuscripts or grant applications?
- 18b. If so, for which journal and/or agency?
19. Would you be interested in serving on university committees?
20. How would you rate your knowledge of the series structure at UCSF? (no knowledge, poor, fair, good, excellent)
21. Did you receive an employment letter at the time of your appointment which listed your job duties, promotion criteria, protected time, etc?
22. Do you have any further comments?

**APPENDIX 4. RESULTS OF SURVEY FOR DEPARTMENT
CHAIRS PART A – OCCURRENCES OF APPOINTMENTS TO
CLINICAL AND ADJUNCT SERIES EVEN IF FACULTY
QUALIFIED FOR OTHER SERIES**

Ladder Rank			
Appointed faculty to Adjunct or Clinical even if he/she qualified for Ladder Rank	Yes	11	33%
	No	22	67%
	Total	33	100%
In-Residence			
Appointed faculty to Adjunct or Clinical even if he/she qualified for In-Residence	Yes	8	24%
	No	25	76%
	Total	33	100%
Clinical X with Ceiling			
Appointed faculty to Adjunct or Clinical even if he/she qualified for Clinical X (with ceiling)	Yes	10	30%
	No	23	70%
	Total	33	100%
Clinical X without Ceiling			
Appointed faculty to Adjunct or Clinical even if he/she qualified for Clinical X series (without ceiling)	Yes	8	24%
	No	25	76%
	Total	33	100%
Total appointments even if faculty qualified for Ladder Rank, In-Residence, Clinical X			
	Yes	37	28%
	No	95	72%
	Total	132	100%

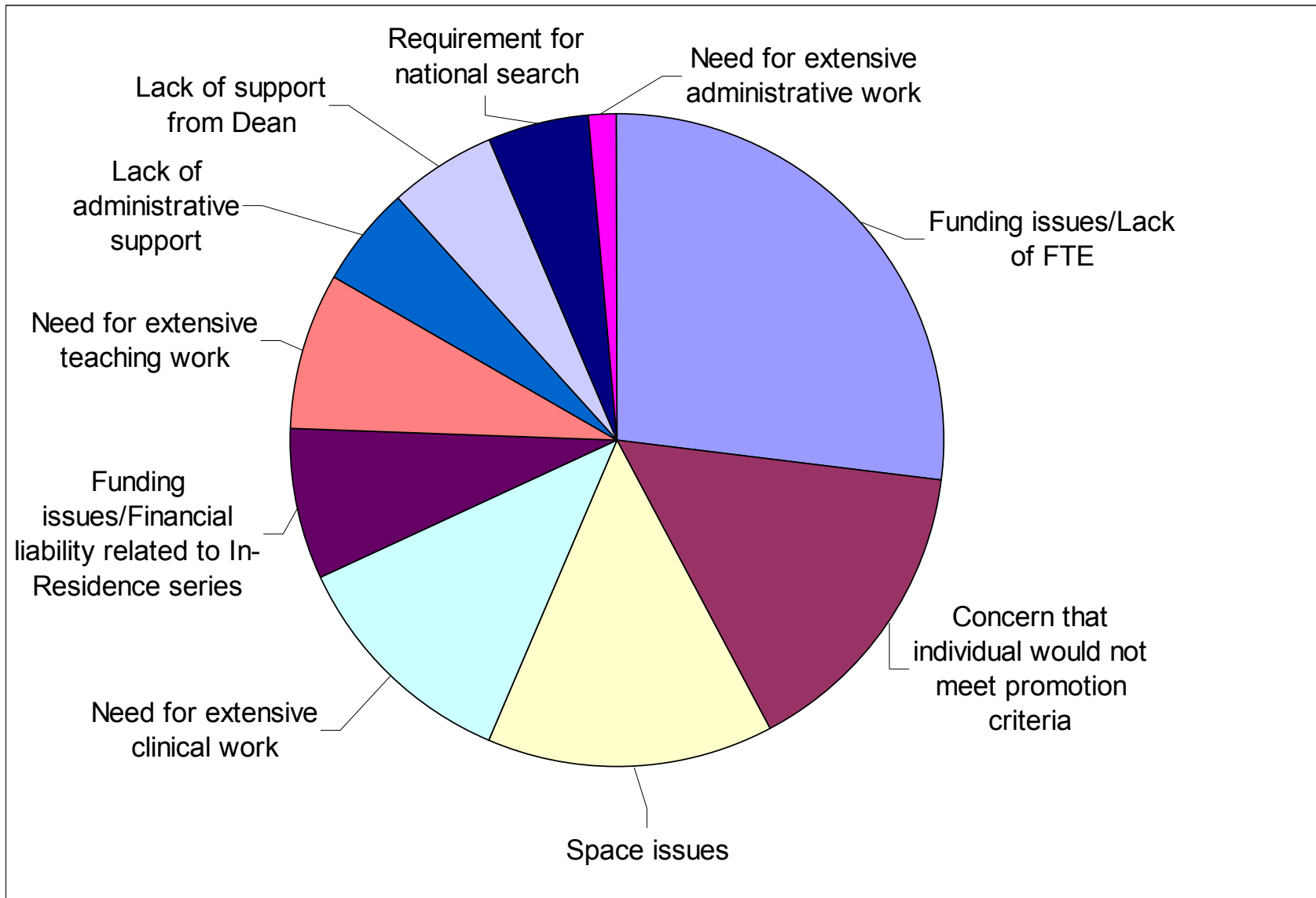
FIGURE 1. OCCURRENCES OF APPOINTMENTS TO CLINICAL AND ADJUNCT SERIES EVEN IF FACULTY QUALIFIED FOR OTHER SERIES



APPENDIX 5. RESULTS OF SURVEY FOR DEPARTMENT CHAIRS PART B - FACTORS THAT AFFECT APPOINTMENTS

	Always	%	Often	%	Sometimes	%	Rarely	%	Total
Funding issues/Lack of FTE	12	35%	9	26%	7	21%	6	18%	34
Funding issues/Financial liability related to In-Residence series	4	50%	2	25%	1	13%	1	13%	8
Space issues	7	21%	4	12%	13	38%	10	29%	34
Concern that individual would not meet promotion criteria	0	0%	12	35%	11	32%	11	32%	34
Concern that In-Residence maintains lax promotion criteria	0	0%	0	0%	1	3%	33	97%	34
Lack of administrative support	2	6%	2	6%	2	6%	28	82%	34
Need for extensive clinical work	3	9%	6	18%	8	24%	17	50%	34
Need for extensive teaching work	2	6%	4	12%	5	15%	23	68%	34
Need for extensive administrative work	0	0%	1	3%	4	12%	29	85%	34
Lack of support from Dean	2	6%	2	6%	9	26%	21	62%	34
Requirement for national search	0	0%	4	12%	9	26%	21	62%	34
Lack of support from faculty for new appointments to this series	0	0%	0	0%	2	6%	32	94%	34

FIGURE 2. FACTORS THAT ALWAYS AND OFTEN AFFECTED APPOINTMENTS



APPENDIX 6. RESULTS OF TELEPHONE SURVEY FOR ASSISTANT LADDER RANK, IN-RESIDENCE, CLINICAL, AND ADJUNCT PROFESSORS

A telephone survey was administered by the staff of the Academic Senate Office to a stratified random sample (stratified on school) of 100 Assistant Clinical and Adjunct professors with salaried appointments and a simple random sample of 25 In-Residence or Ladder Rank faculty¹. Faculty in the Clinical X series were not selected to participate in the survey due to the recent increase of faculty members moved into this series.

Comparisons between schools and series were done by one way analysis of variance or chi-square analysis of contingency tables, as appropriate. For interval variables (percent efforts), comparisons were made between series and schools with a general linear model implementation of a two way analysis of variance. $P < .05$ was considered significant.

Because of the large number of faculty appointed in Clinical and Adjunct series in the Department of Medicine, these series were broken out from the rest of the School of Medicine for purposes of the analysis.

- About 40% of Clinical and Adjunct faculty are engaged in the full range of activities expected of In-Residence (or Ladder Rank) Senate members.
- The distribution of effort between teaching, research, clinical activities, and university and public service is not significantly different between Adjunct and In Residence/Ladder Rank faculty.
- Clinical faculty spend more time in teaching and clinical service and less time in research than Adjunct and In-Residence/Ladder Rank faculty.
- More than half the Adjunct faculty and about one quarter of Clinical faculty appear to meet the criteria for In-Residence (or Ladder Rank) faculty appointments using the APM criteria (teaching, active research program and publication, University and public service.) These faculty are primarily in the Schools of Dentistry and Medicine.
- Only about half the Clinical and Adjunct faculty who appear to meet the APM criteria for In-Residence appointments anticipate a change in series.

Findings Related to Clinical and Adjunct Faculty:

- The School of Medicine and specifically the Department of Medicine use Adjunct appointments whereas the other schools tend to use Clinical appointments.
- Except for the Department of Medicine, where the faculty do less didactic teaching and total teaching than the others, there are not significant differences between the schools in activities amongst the Clinical and Adjunct faculty. Even in the Department of Medicine, however, Clinical and Adjunct faculty spend considerable effort on teaching.
- There are the expected differences between Clinical and Adjunct faculty. Clinical faculty are more involved in clinical activities and clinical teaching than Adjunct faculty, who spend more time in research. These differences in the balance of effort between clinical work and research between Clinical and Adjunct faculty are different from school to school (significant school x series interaction).

¹ 80 of the 100 Clinical or Adjunct faculty identified themselves as full time; the remaining 20 were more than 50%. (Based on answers, there may have been some confusion in answering the question. Our intent was to survey only full time faculty.) In-Residence and Ladder faculty were not asked about full or part time employment.

- The primary barrier to teaching for Adjunct faculty is that it was found to not be part of the job and that there was insufficient funding to cover teaching time. Most Adjunct faculty surveyed would like to do more teaching.
- Research, clinical service, and other duties are not substantial barriers to teaching for both series.
- Lack of protected time and teaching are a barrier to research among Clinical faculty.
- Both Clinical and Adjunct faculty members are being recognized outside UCSF by being invited to review manuscripts and grants, speak at national and international meetings and (for Clinical faculty) receiving referrals from outside the region.
- Virtually all the Adjunct faculty and a majority of Clinical faculty publish in peer reviewed journals.
- The vast majority of Adjunct faculty have attracted extramural funding for their research. Nearly half of the Clinical faculty have, as well.
- Seventy-five percent of Clinical faculty and about 40% of Adjunct faculty would like more research time.
- Strong majorities of Clinical and Adjunct faculty are interested in serving on UC committees; 25% of Clinical faculty are already involved in committee service.
- About half the Assistant Adjunct professors believe that they are in the wrong series and anticipate a change to Ladder Rank or (mostly) In-Residence.
- About half the Assistant Clinical professors anticipate a change in series to Ladder Rank or (mostly) Clinical X.
- Faculty in the School of Nursing are less likely to expect a change in series than the other schools.
- There is not a clear pattern in the perceived barriers to be in the desired series for either group of faculty.
- Knowledge of the differences between series is low; only 38% of Clinical and Adjunct faculty said they had good or excellent knowledge of the differences. (52% of In-Residence/Ladder Rank faculty said they had good or excellent knowledge of the differences.)
- Less than half these faculty received an employment letter, with the School of Dentistry substantially below the other schools (56% of In-Residence/Ladder Rank faculty received an employment letter).

Faculty Distribution Listed by School and Series²

		Dentistry	Medicine w/o Dept of Medicine	Dept of Medicine	Nursing	Pharmacy	Total
Clinical	Count	10	12	12	12	6	52
	% within School	62.5%	22.2%	41.4%	63.2%	85.7%	41.6%
Adjunct	Count	5	22	14	6	1	48
	% within School	31.3%	40.7%	48.3%	31.6%	14.3%	38.4%
Senate	Count	1	20	3	1	0	25
	% within School	6.3%	37%	10.3%	5.3%	0%	20%
Total	Count	15	34	26	18	7	100
	% within School	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

² P<0.05

Gender Distribution Listed by Series²

	Clinical	Adjunct	Senate
Female	61.5%	45.8%	32.0%
Male	38.5%	54.2%	68.0%

Distribution of Activities Among Clinical and Adjunct Faculty Listed by School

		N	Mean	Std. Deviation
Didactic Teaching (%)	Dentistry	15	16.93	10.77
	Medicine w/o Dept of Medicine	34	17.26	18.22
	Dept of Medicine	26	7.92	9.09
	Nursing	18	25.11	19.32
	Pharmacy	7	15.71	8.86
	Total	100	16.09	15.80
Clinical Teaching (%)	Dentistry	15	22.60	23.27
	Medicine w/o Dept of Medicine	34	9.71	15.63
	Dept of Medicine	26	12.00	16.65
	Nursing	18	12.78	11.08
	Pharmacy	7	10.71	13.67
	Total	100	12.86	16.70
Clinical Service (%)	Dentistry	15	8.33	15.77
	Medicine w/o Dept of Medicine	34	16.88	23.96
	Dept of Medicine	26	19.08	20.45
	Nursing	18	6.33	9.53
	Pharmacy	7	14.29	18.35
	Total	100	14.09	19.83
Other Activities (%)	Dentistry	15	.00	.00
	Medicine w/o Dept of Medicine	34	.29	1.19
	Dept of Medicine	26	.38	1.36
	Nursing	18	2.67	8.25
	Pharmacy	7	.71	1.89
	Total	100	.73	3.70
Total Teaching (%)	Dentistry	15	39.53	24.31
	Medicine w/o Dept of Medicine	34	26.97	20.36
	Dept of Medicine	26	19.92	19.38
	Nursing	18	37.89	24.20
	Pharmacy	7	26.43	11.80
	Total	100	28.95	21.92
Research (%)	Dentistry	15	28.53	28.97

	Medicine w/o Dept of Medicine	34	33.18	28.86
	Dept of Medicine	26	39.65	27.96
	Nursing	18	26.83	34.80
	Pharmacy	7	25.64	27.54
	Total	100	32.49	29.54
Mentoring Students, Etc (%)	Dentistry	15	5.67	5.74
	Medicine w/o Dept of Medicine	34	6.26	7.06
	Dept of Medicine	26	6.96	6.56
	Nursing	18	7.22	6.00
	Pharmacy	7	6.29	3.25
	Total	100	6.53	6.27
Other Creative Activity (%)	Dentistry	15	7.70	5.57
	Medicine w/o Dept of Medicine	34	7.22	12.07
	Dept of Medicine	26	6.62	7.44
	Nursing	18	11.83	15.79
	Pharmacy	7	6.50	2.87
	Total	100	7.92	10.67

Distribution of Activities Among Clinical and Adjunct Faculty Listed by Series

		N	Mean	Std. Deviation
Teaching (%)	Clinical	52	16.58	15.91
	Adjunct	48	15.56	15.84
	Senate	25	10.06	7.93
Clinical Teaching (%)²	Clinical	52	22.50	17.96
	Adjunct	48	2.42	4.82
	Senate	25	11.22	14.92
Clinical Service (%)²	Clinical	52	23.08	22.60
	Adjunct	48	4.35	9.38
	Senate	25	12.72	16.71
Service (%)	Clinical	52	10.95	13.03
	Adjunct	48	7.49	9.43
	Senate	25	6.16	4.37
Other Activities (%)	Clinical	52	1.21	5.02
	Adjunct	48	.21	1.01
	Total	25	.00	.00
Total Teaching (%)²	Clinical	52	39.08	22.37
	Adjunct	48	17.98	15.24
	Senate	25	21.28	16.05
Research (%)²	Clinical	52	12.43	19.56
	Adjunct	48	54.23	22.26
	Senate	25	43.12	20.10

Mentoring Students Etc	Clinical	52	5.67	4.93
(%)²	Adjunct	48	7.46	7.39
	Senate	25	11.68	10.86
Other Creative Activity	Clinical	52	7.58	10.25
(%)	Adjunct	48	8.28	11.20
	Senate	25	.58	3.32

Distribution of Teaching Activities Among Clinical, Adjunct, and Senate Faculty

	Clinical	Adjunct	Senate
N	52	48	25
Lab²	9.6%	29.2%	20.0%
Seminar	50.0%	33.3%	32.0%
Lecture	63.5%	47.9%	76.0%
Small group²	9.6%	27.1%	32.0%
Other	21.2%	8.3%	8.0%

Barriers to Teaching Among Clinical and Adjunct Faculty³

	Clinical	Adjunct
Not Paid/Part of Job²	9.6%	35.4%
Research Obligations	3.8%	12.5%
Clinical Duties²	9.6%	0.0%
Other Responsibilities	3.8%	6.3%
Administrative Duties	5.8%	2.1%
Other	3.8%	6.3%
Want to Spend More Time Teaching²	36.5%	58.3%

Creative Activities Among Clinical, Adjunct, And Senate Faculty

	Clinical	Adjunct	Senate
Papers/Books/Syllabus	38.5%	47.9%	100.0%
Review Papers²	3.8%	8.3%	24.0%
Teaching²	38.5%	16.7%	4.0%
Community Projects	1.9%	4.2%	12.0%
Clinical Practice	3.8%	4.2%	4.0%
Other	3.8%	16.7%	12.0%

Publishing Activities Among Clinical, Adjunct, and Senate Faculty

	Clinical	Adjunct	Senate
Peer Reviewed Journals²	53.8%	95.8%	100.0%
Books/Book Chapters	15.4%	16.7%	24%

³ Senate faculty were not asked this question.

Extramural Funding Among Clinical and Adjunct Faculty²

	Clinical	Adjunct	Senate
	48.1%	89.6%	100.0%

Barriers to Research Among Clinical and Adjunct Faculty³

	Clinical	Adjunct
Protected Time ²	55.8%	12.5%
Lack of Money	17.3%	14.6%
Teaching ²	17.3%	2.1%
Space	3.8%	2.1%
Lack of Support Staff	1.9%	4.2%
Administrative Duties	7.7%	8.3%
Want More Research Time ²	76.9%	41.7%

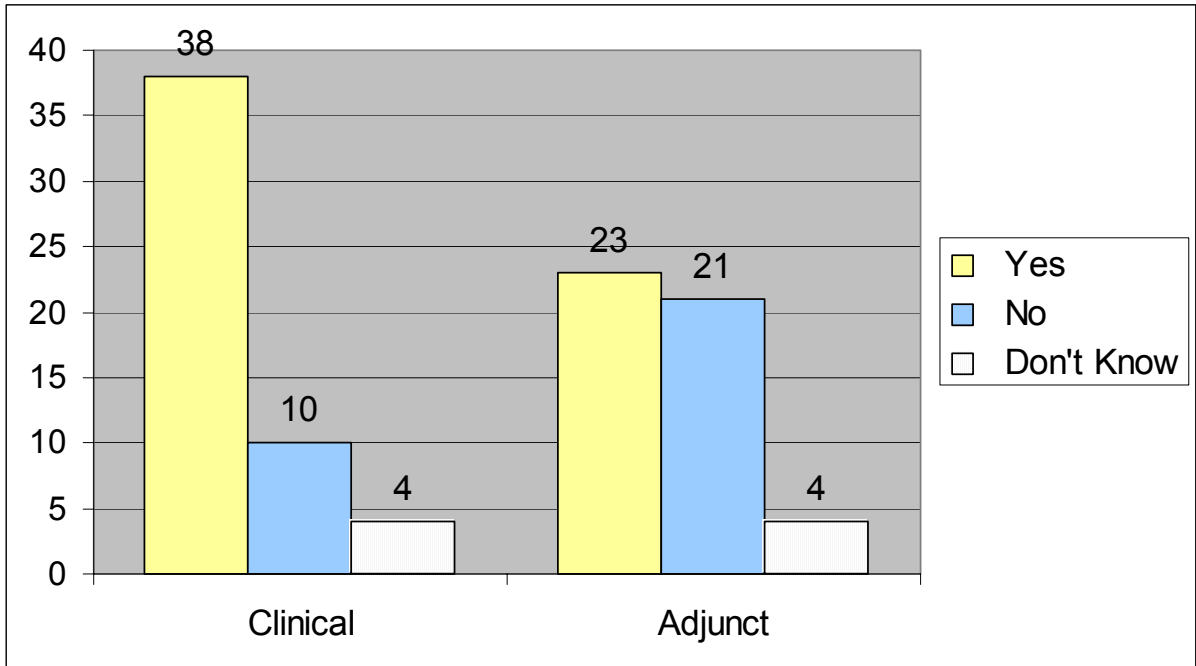
Leadership, Presentations, and Manuscript Review Activities Among Clinical, Adjunct, and Senate Faculty

	Clinical	Adjunct	Senate
Leadership Role in Organization ²	36.5%	8.3%	36.0%
National or International Clinical Referrals ²	63.5%	12.5%	40.0%
Invited Professional Society Talks	80.8%	93.8%	100.0%
Review Manuscripts or Grants ²	53.8%	85.4%	69.0%

Clinical and Adjunct Faculty Responses to Whether They Were Appointed in Correct Series²

		Clinical	Adjunct	Total
Yes	Count	38	23	61
	% within Series	73.1%	47.9%	61.0%
No	Count	10	21	31
	% within Series	19.2%	43.8%	31.0%
Don't Know	Count	4	4	8
	% within Series	7.7%	8.3%	8.0%
Total	Count	52	48	100
	% within Series	100.0%	100.0%	100.0%

FIGURE 3. NUMBER OF CLINICAL AND ADJUNCT FACULTY RESPONSES TO WHETHER THEY WERE APPOINTED IN CORRECT SERIES



Clinical and Adjunct Faculty Series Preferences²

		Clinical	Adjunct	Total
In Appropriate Series	Count	41	24	65
	% within Series	78.8%	50.0%	65.0%
Ladder	Count	4	12	16
	% within Series	7.7%	25.0%	16.0%
In-Residence	Count	0	10	10
	% within Series	0	20.8%	10.0%
Clinical X	Count	6	1	7
	% within Series	11.5%	2.1%	7.0%
Adjunct	Count	1	0	1
	% within Series	1.9%	0	1.0%
Don't Know	Count	0	1	1
	% within Series	0	2.1%	1.0%
Total	Count	52	48	100
	% within Series	100.0%	100.0%	100.0%

Clinical and Adjunct Faculty Responses to Barriers to Appointments in Desired Series²

		Clinical	Adjunct	Total
In Appropriate Series	Count	42	25	67
	% within Series	80.8%	52.1%	67.0%
Lack of FTE or Open Position	Count	2	5	7
	% within Series	3.8%	10.4%	7.0%
Self Generated Salary/Lack of Grant	Count	2	2	4
	% within Series	3.8%	4.2%	4.0%
Space	Count	0	2	2
	% within Series	0	4.2%	2.0%
Lack of Promotion Opportunity	Count	4	2	6
	% within Series	7.7%	4.2%	6.0%
Other	Count	0	5	5
	% within Series	0	10.4%	5.0%
Don't Know	Count	2	6	8
	% within Series	3.8%	12.5%	8.0%
Total	Count	52	48	100
	% within Series	100.0%	100.0%	100.0%

Clinical and Adjunct Faculty Responses to Anticipation of Series Change

		Clinical	Adjunct	Total
Yes	Count	31	24	55
	% within Series	59.6%	50.0%	55.0%
No	Count	19	20	39
	% within Series	36.5%	41.7%	39.0%
Don't Know	Count	2	4	6
	% within Series	3.8%	8.3%	6.0%
Total	Count	52	48	100
	% within Series	100.0%	100.0%	100.0%

Clinical and Adjunct Faculty Responses to Anticipation of Series Change Listed by School²

		Dentistry	Medicine w/o Dept of Medicine	Dept of Medicine	Nursing	Pharmacy	Total
Yes	Count	8	21	15	5	6	55
	% within School	53.3%	61.8%	57.7%	27.8%	85.7%	55.0%
No	Count	5	11	10	13	0	39
	% within School	33.3%	32.4%	38.5%	72.2%	0	39.0%
Don't Know	Count	2	2	1	0	1	6
	% within School	13.3%	5.9%	3.8%	0	14.3%	6.0%
	Count	15	34	26	18	7	100
	% within School	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Clinical and Adjunct Faculty Responses for Expected Series Change²

		Clinical	Adjunct	Total
No Change Expected	Count	21	24	45
	% within Series	40.4%	50.0%	45.0%
Ladder Rank	Count	8	4	12
	% within Series	15.4%	8.3%	12.0%
In-Residence	Count	0	17	17
	% within Series	0	35.4%	17.0%
Clinical X	Count	18	1	19
	% within Series	34.6%	2.1%	19.0%
Don't Know	Count	5	2	7
	% within Series	9.6%	4.2%	7.0%
Total	Count	52	48	100
	% within Series	100.0%	100.0%	100.0%

Number of Publications Among Clinical, Adjunct, and Senate Faculty²

		Clinical	Adjunct	Senate
0	Count	22	3	0
	% within Series	42.3%	6.3%	0.0%
1 To 3	Count	24	29	13
	% within Series	46.2%	60.4%	52.0%
4 To 6	Count	6	14	5
	% within Series	11.5%	29.2%	20.0%
Over 6	Count	0	2	7
	% within Series	0	4.2%	28.0%
Total	Count	52	48	25
	% within Series	100.0%	100.0%	100.0%

Number of Invited Talks in Last Two Years Among Clinical, Adjunct, and Senate Faculty²

		Clinical	Adjunct	Senate
0	Count	12	6	0
	% within Series	23.1%	12.5%	0.0%
1 To 5	Count	24	34	14
	% within Series	46.2%	70.8%	56.0%
6 To 10	Count	10	5	5
	% within Series	19.2%	10.4%	20.0%
Over 10	Count	6	3	6
	% within Series	11.5%	6.3%	12.0%
Total	Count	52	48	25
	% within Series	100.0%	100.0%	100.0%

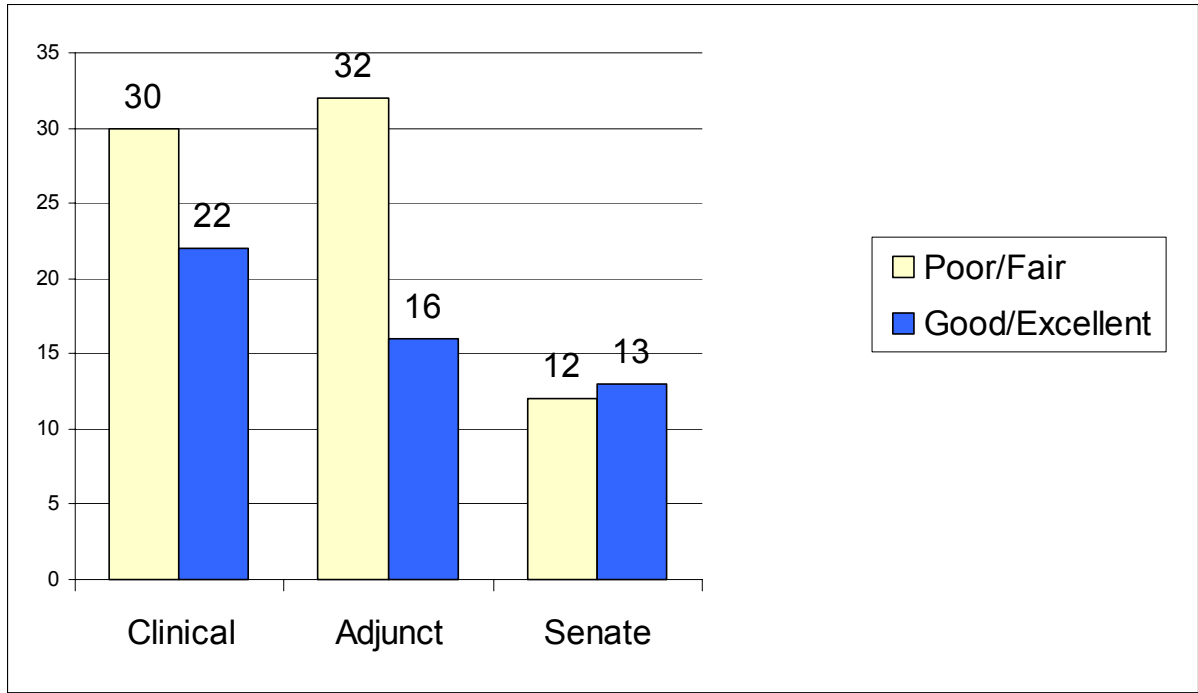
Interest in Serving on UC committees Among Clinical, Adjunct, and Senate Faculty²

		Clinical	Adjunct	Senate
Already Serve	Count	13	3	14
	% within Series	25.0%	6.3%	56.0%
Yes	Count	26	39	7
	% within Series	50.0%	81.3%	28.0%
No	Count	13	6	4
	% within Series	25.0%	12.5%	16.0%
Total	Count	52	48	25
	% within Series	100.0%	100.0%	100.0%

Level of Knowledge of Series Among Clinical, Adjunct, and Senate Faculty

		Clinical	Adjunct	Senate
Poor	Count	10	15	3
	% within Series	19.2%	31.3%	12.0%
Fair	Count	20	17	9
	% within Series	38.5%	35.4%	36.0%
Good	Count	19	14	10
	% within Series	36.5%	29.2%	40.0%
Excellent	Count	3	2	3
	% within Series	5.8%	4.2%	12.0%
Total	Count	52	48	25
	% within Series	100.0%	100.0%	100.0%

FIGURE 4. LEVEL OF CLINICAL, ADJUNCT, AND SENATE FACULTY KNOWLEDGE OF FACULTY SERIES



Clinical, Adjunct, and Senate Faculty Who Received Employment Letter

		Clinical	Adjunct	Senate
Yes	Count	25	20	14
	% within Series	48.1%	41.7%	56.0%
No	Count	18	21	11
	% within Series	34.6%	43.8%	44.0%
Don't Know	Count	9	7	0
	% within Series	17.3%	14.6%	0.0%
Total	Count	52	48	25
	% within Series	100.0%	100.0%	100.0%

Clinical Adjunct Faculty Who Received Employment Letter Listed by School²

		Dentistry	Medicine w/o Dept of Medicine	Dept of Medicine	Nursing	Pharmacy	Total
Yes	Count	2	15	15	8	5	45
	% within School	13.3%	44.1%	57.7%	44.4%	71.4%	45.0%
No	Count	7	12	11	9	0	39
	% within School	46.7%	35.3%	42.3%	50.0%	0	39.0%
Don't Know	Count	6	7	0	1	2	16
	% within School	40.0%	20.6%	0	5.6%	28.6%	16.0%
Total	Count	15	34	26	18	7	100
	% within School	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

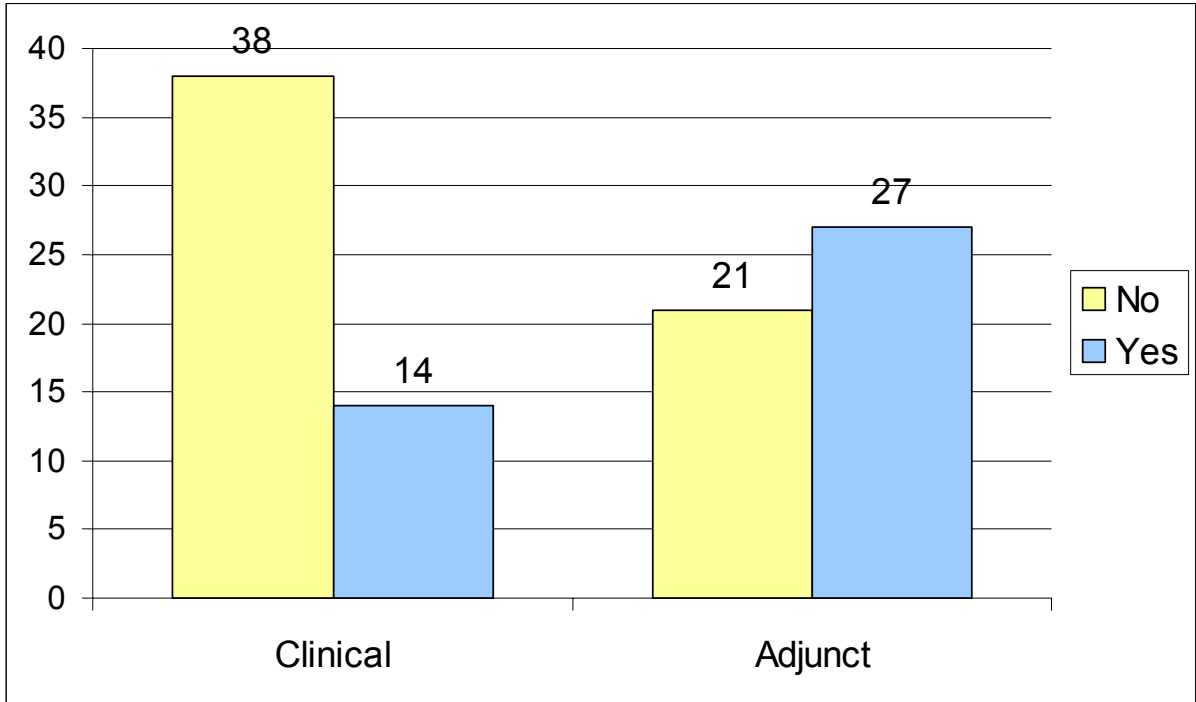
Clinical Adjunct Faculty Who Received Extramural Research Funding Listed by School²

		Dentistry	Medicine w/o Dept of Medicine	Dept of Medicine	Nursing	Pharmacy	Total
No	Count	5	11	3	8	5	32
	% within School	33.3%	32.4%	11.5%	44.4%	71.4%	32.0%
Yes	Count	10	23	23	10	2	68
	% within School	66.7%	67.6%	88.5%	55.6%	28.6%	68.0%
Total	Count	15	34	26	18	7	100
	% within School	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Clinical and Adjunct Faculty Who Meet APM Criteria for In-Residence Series²

		Clinical	Adjunct	Total
No	Count	38	21	59
	% within Series	73.1%	43.8%	59.0%
Yes	Count	14	27	41
	% within Series	26.9%	56.3%	41.0%
Total	Count	52	48	100
	% within Series	100.0%	100.0%	100.0%

FIGURE 5. NUMBER OF CLINICAL AND ADJUNCT FACULTY WHO MEET APM CRITERIA FOR IN-RESIDENCE SERIES



Clinical and Adjunct Faculty Who Meet APM Criteria for In-Residence Series Listed by School²

		Dentistry	Medicine w/o Dept of Medicine	Dept of Medicine	Nursing	Pharmacy	Total
No	Count	6	18	14	15	6	59
	% within School	40.0%	52.9%	53.8%	83.3%	85.7%	59.0%
Yes	Count	9	16	12	3	1	41
	% within School	60.0%	47.1%	46.2%	16.7%	14.3%	41.0%
Total	Count	15	34	26	18	7	100
	% within School	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Clinical and Adjunct Faculty Who Meet APM Criteria for In-Residence Series and Who Anticipated Series Change²

		Yes	no	Don't know	Total
No	Count	28	29	2	59
	% within Anticipate Change in Future	50.9%	74.4%	33.3%	59.0%
Yes	Count	27	10	4	41
	% within Anticipate Change in Future	49.1%	25.6%	66.7%	41.0%
Total	Count	55	39	6	100
	% within Anticipate Change in Future	100.0%	100.0%	100.0%	100.0%

APPENDIX 7. OPEN-ENDED COMMENTS FROM RANDOM SURVEY OF ASSISTANT CLINICAL, ADJUNCT AND SENATE PROFESSORS

CATEGORY	ADJUNCT/CLINICAL	SENATE
<p>1. Changing series/Hired in wrong series</p>	<ul style="list-style-type: none"> • My critical issue is whether I will be able to transition to In-Residence. • UCSF not flexible in converting people because the criteria are excessively rigid. • It's not uncommon for people to be hired in[to] wrong series. They often don't have a choice. • When I started pursuing a position is when I needed to be advised. I don't think I'm in the correct series or department.. At the time my research topic did not fit in (<i>discipline deleted</i>) so I ended up in (<i>discipline deleted</i>). Now it's hard to switch once you're in a series. I feel pretty locked into this series. The series may be accurate now but my department is not. I tried to change but one needs a mentor to champion one's issues. The best I can do [now] is get a joint appointment. 	<ul style="list-style-type: none"> • I pushed for my series change.
<p>2. Disadvantage of Adjunct series</p>	<ul style="list-style-type: none"> • I thought of establishing career a in US, went to International Scholars and Students Office to see about getting a green card, but was told I would not get one because I was in the Adjunct series. My series is meaningless. It's a title that does not receive support from UC, while tenure track has everything. In this series, I have little support. • There is no advancement or prestige in this series. • I'm full time here. Outside Adjunct means not full time faculty or not belonging at a university. Feel like it's discrimination against me because I'm here full-time; therefore the title is not accurate. • I understand for me it's a dead end so I'm leaving for another position elsewhere. • I'm ineligible for a few grants because I'm Adjunct. • I'm unhappy that people who do research are in Adjunct series. Other universities do not do this. This impedes my profile nationally and with granting agencies. I don't need any more money but just want to drop Adjunct. I bring in (<i>dollar sum deleted</i>) a year in indirects that I don't get back. But most important is to drop Adjunct in my title. This also prevents me from hiring into Adjunct. 	

CATEGORY	ADJUNCT/CLINICAL	SENATE
	<ul style="list-style-type: none"> Adjunct series cannot hire students in lab. If there were a grant mechanism that's administratively allowable to have students in my lab, my research would go more rapidly. 	
3. Teaching not paid or recognized	<ul style="list-style-type: none"> I'm not recognized for the teaching that I do. I should spend 100% on research but requested to spend time teaching. In order to advance I have to do teaching. I would like to do more teaching but am not getting recognized. Want to be recognized what a commitment that is to teach. 	<ul style="list-style-type: none"> Teachng not rewarded in my school I would like to teach more if I was rewarded financially or recognized for it.
4. Security of employment	<ul style="list-style-type: none"> I want to be in a series where UC supports me. If someone is here temporarily it's ok to be in this series, but I've been here over 3 years, it doesn't make sense to be in this series. This series is used to hire the best people without giving support. I give everything but only get a salary. Currently (<i>discipline deleted</i>) field is having problem getting people into academics due to problems with salary. Specific problem to UC is not being able to get tenure unless in Ladder Rank. This is not the case at other (<i>discipline deleted</i>) schools. Salaries at UCSF are not comparable to private practice, plus there is no security of employment. I would like security of employment. Little job security, salary range is low, criteria for promotion is obscure. 	
5. Promotion criteria info, communication	<ul style="list-style-type: none"> Not very aware of different series. Information should be made more available for [all] series, requirements for promotion. This should be posted on the UCSF website. People in my department don't know about series, Academic Senate. Very difficult to understand promotion requirements. I get information from the Dean, but when information goes to division, criteria are not clear. Subjectivity has a role in promotions, but it seems as if being liked by division chair is very important. I get vague answers from academic personnel. I was told by department chair that I would get support to be promoted to associate, but division chair said not unless I teach continuing education courses. Department chair has said that I'm doing well, but I think division chair is not advocating for me. I was initially told that in (<i>number deleted</i>) years I would move to associate level, but I'm at year (<i>number deleted</i>) now and still am assistant. Was Clinical instructor for (<i>number deleted</i>) years, then Assistant Clinical. Seems that criteria for promotion are not objective enough. I am not allowed time for scholarly activities but expected to put in my own 	<ul style="list-style-type: none"> Not clear to me who to contact for questions about promotion process. Wish promotion information more clearly spelled out. Clinical teaching is important for promotion but I haven't been approached to do this. I felt left on my own. Not sure about different series or how promotion works, particularly In-Residence series. There's more attention to my series than others, but once here for a few years can figure it out. Don't blame the school. More information should be given what series mean. I learned promotion information much after the fact and not from appropriate people. When I've asked for information on paper it's vague or unavailable. I've had to ask faculty in other departments. When people are hired there seems

CATEGORY	ADJUNCT/CLINICAL	SENATE
	<p>time. At appointment, I received the faculty handbook, and verbal contract with division chair on work. I'm here because I love UCSF and have commitment to university. I can make more money in private practice in three days than [I can in]five days here.</p> <ul style="list-style-type: none"> • I would rate my knowledge of series as good now but with a qualifier. When I first started as a faculty member, nobody explained the differences to me, or what the requirements were, what Academic Senate was, or governance, or any of that. So initially it was very high stress being thrown into a system that you really had very little understanding of yet being told you were required to do this or that and thinking, "nobody told me that!" Even today, I'm still not clear about the Adjunct series or In-Residence series, and whenever I do peer review I need to either go ask someone or look it up (and sometimes I don't even know where to look for it). I think there is a bad assumption that people starting as faculty already understand this stuff when, in reality, we really don't. • Hiring process seems vague. Where is information? Before I got this job, application process vague, requirements were not clear. I arranged a meeting with department chair to know what my position meant. <i>(Gender deleted)</i> explained the nuances. This was only basis. No discussion on protected time. Did not know about faculty orientation held on <i>(date deleted)</i>. Did not receive faculty handbook when hired. • There is little knowledge about promotion. Faculty handbook is not clear. At time of hire, no discussion on job requirement, no communication on promotion criteria. Promotion criteria are arbitrary, but not sure if that's a bad thing because it would be difficult to quantify what we do. • I have received information. It would have been nice to get more in-depth information on promotions. Seen faculty handbook, but don't have my own copy. UCSF doesn't have a hiring contract. When hired, verbal contract. Every promise was fulfilled. Taught at another health sciences university and contracts were written. • Promotion is a very slow process. Got promotion <i>(number deleted)</i> years ago, but took effect one year later. Did get retroactive pay. Promotion criteria is not clear and is open for interpretation, depending on supervisor. • Promotion system is very confusing, even senior faculty in department 	<p>to be lots of inequities because people don't know what to ask for. Should be more clearer communication. All this should be in writing, eg. salary and how much clinical work.</p>

CATEGORY	ADJUNCT/CLINICAL	SENATE
	<p>are unclear. Did not hear about new faculty orientation.</p> <ul style="list-style-type: none"> • Recruitment process was positive. We sense that people at higher levels are not as supportive as I expected. Feel demoralized, not validated or helped to feel good about working hard. My division chief is great. Need more information for new faculty on faculty orientation. Did not hear about new faculty orientation. • Not enough information on promotion criteria • Need more orientation from department or school on how the school runs and introduce to dean. • Not enough information on series structure. I do get feedback on promotion in department. • Did not hear about new faculty orientation. • Don't know how to maneuver the system. Need new faculty orientation. Received faculty handbook but department chair sent memo on what department uses, but for my series it said very little. Did not receive any information on promotion criteria. I think it's up to me to get that info. • Clinical series was never discussed nor was option to change series. Promotion criteria difficult to meet because don't have protected time for research. • Department leadership encourages fairness and excellence but school-wide promotion criteria is variable. • Difficult to understand system here. I feel worried about how to survive in this community because these parts are very unclear for me. • My appointment went very smooth. Received faculty handbook. Had very little interaction with UCSF formally. I am holed up in my lab and [have] little communication; do get informal communication. • Little teaching about series in my department and school. • Given a faculty handbook recently. Told that handbook does not necessarily indicate criteria. No one can tell me what the rules are. • I'm up for merit but have never talked to anyone about it. Never been told what to do for promotion. • Understanding series is incredibly confusing. It's not intuitive or clear at all. • Where is best place to get information on start-up funds? It's hard to get major funding in the first year or two, so I'd like to get seed money. • Not clear what benefits of different tracks and what it takes to jump from one track to another. 	

CATEGORY	ADJUNCT/CLINICAL	SENATE
	<ul style="list-style-type: none"> • Supervisor did not know about series, told me wrong information that Adjunct is step to In-Residence. • Did not know about faculty orientation. • I love working here but orientation was spotty. I had to learn on my own. I had gone to school here so it helped. • Knowledge of series is very lacking for me. I'm in a school that is not my training. I feel directionless and not sure about my options. My boss is a busy person so it's hard to get time to talk. I want to learn about what are the options here. • My employment letter clearly stated what was expected of me. • Requested and received letter of employment. • I asked for an employment letter and received one. • Got orientation from faculty members on series, promotion criteria. • Faculty orientation was helpful. • I know about UC system since was at <i>(institution deleted)</i>. • Hiring was communicated openly. • Took Teaching Fellowship run by <i>(name deleted)</i>. That's where I learned about advancement. • My chair is positive, communicates promotion criteria and opportunities to me. • It's been clear to me what expectations are. 	
<p>6. Lack of support</p>	<ul style="list-style-type: none"> • I support my salary 100%. • My position is year to year, not secure and this is frustrating. • Don't sense job security or backup for funding in this series. My appointment will end as soon as funding dries up. • I control my own fate because if [I] lose funding, [I]lose [my] job. Although university did give me funding, I feel like they don't care in the end about me. If I bring in grants it's ok, but if I don't the tone changes really quick. • Expectations are unrealistic for me to support myself 100%. But in Adjunct series I'm expected to teach, therefore I'm in a difficult position. • I need to hustle for grants for salary. • I've had good experience except hard to get 80% of salary from outside and then asked to spend more than 20% by UCSF on other duties. • Needs to be a better way to support junior faculty. Support such as a job. I want to work here but right now I'm on soft money. 	<ul style="list-style-type: none"> • There are problems with In-Residence series. This is equal to Ladder Rank but without university's support. They both have same expectations.

CATEGORY	ADJUNCT/CLINICAL	SENATE
7. Lack protected time for research	<ul style="list-style-type: none"> I hope to get protected time to develop own research projects. Have lots of vacation time that I could use for research. Main obstacle is clinical work is very taxing. I hope an additional attending physician can divide the work. Clinical faculty are in tough place. Clinical demands are high. Support for ancillary staff is low. Not able to have time to generate ideas, let alone apply for grants. Difficult to achieve anything academic. 	<ul style="list-style-type: none"> As a Clinical faculty who's In-Residence, difficult to do research with clinical responsibilities.
8. Mentoring, faculty development	<ul style="list-style-type: none"> There is a need for a formal policy for faculty development. Need a well-developed mentorship program. Mentor helped me get grant funding so I wouldn't need to buy clinical time. My mentor has helped me a great deal. It's been helpful to have senior faculty to get sense of what career steps to take. My peers probably have less of that. I receive good mentoring and support. In a university setting but don't have time to take advantage for self-improvement and increased productivity. Want to have faculty mentor; some departments have this program but not my division. I've had outstanding mentoring. I believe whatever resources are needed are available but you have to be assertive and proactive in this environment. 	<ul style="list-style-type: none"> Need for better mentoring.
9. Junior faculty carry higher load	<ul style="list-style-type: none"> Poor faculty-to-student ratio in the school, high workload. More junior members carry higher workload and are more productive than senior faculty. Department and School need to examine this issue. Concern for faculty without FTE asked to do as much as those with FTEs; is inconsistent here. I'm getting frustrated that I don't have [an] FTE. 	<ul style="list-style-type: none"> This [lack of university support] also applies to Adjunct series although these provide base teaching, clinical duties, and mentoring duties. People on bottom of pyramid free up time for Ladder Rank to do their work.
10. Women at disadvantage	<ul style="list-style-type: none"> Majority of junior and mid-level faculty are now female. I'm feeling a little bit abused by division, but I have no way to address that. I have talked to department chair. Told by division chief that can't have everything, meaning successful career with family life. Had a baby <i>(date deleted)</i>. Told not to expect to be successful because I don't have enough time to be promotable. I'm glad I have my job, but it seems like a secret way to keep good scientists because taking advantage of personal situations, especially women. 	<ul style="list-style-type: none"> Generally women are at disadvantage.

CATEGORY	ADJUNCT/CLINICAL	SENATE
11. Lab space, office space	<ul style="list-style-type: none"> • Had a child (<i>number deleted</i>)years ago, so less time to do activities. • One barrier for obtaining further funding is lack of lab space. Translational research is not viable here. Chair told me not to ask for space because there is none at UCSF. If want to do research, I should go elsewhere or take 100% clinical position with possibility of doing clinical research. • My division did not have space for me, but mentor had extra space so I got own office. • My critical issue is space. 	
12. Recruit external candidates more than internal	<ul style="list-style-type: none"> • UC tries to hire best researchers but looks outside for candidates. I suggest to look within organization if something can be done for people like me to continue to serve. Young investigators should be encouraged. • I see it is difficult at UCSF for Adjunct to transfer to different series. If there is an open positions, they tend to search outside of UCSF. For example,. I was asked to be on search committee for Ladder Rank position but was told I was not viable for that position. • There's more emphasis on hiring in junior rank from outside versus trying to keep those already here. • Because it's a competitive place, hard to move up if started here. (<i>Sentence deleted</i>)Perhaps that's the way it should be. 	
13. Quality of life, balancing family needs and career	<ul style="list-style-type: none"> • Even though I would want a tenure position at UCSF, quality of life issues are important. I have (<i>number deleted</i>) young children, housing is expensive. • UCSF is great place to work but high pressure atmosphere. Never enough time, added responsibilities, not enough money to pay me for added work. In my department everyone is fully booked. It's an atmosphere that you want to do more, but there's a cost to mental health. • Hard to negotiate family needs and succeed in career. • I have a family with (<i>number deleted</i>) children (<i>ages deleted</i>) and it's difficult to do other creative activities and keep up teaching, clinic duties, and research. 	<ul style="list-style-type: none"> • Balancing clinical duties, research, life has been harder than I thought.
14. Basic research vs clinical duties	<ul style="list-style-type: none"> • UCSF is more focused on scientific research than clinical duties. • System is biased to reward researchers and not to people who are clinicians and teachers. 	
15. Satisfaction with career	<ul style="list-style-type: none"> • I'm happy with my position now and enjoy my coworkers. My division chair is a nice person. 	<ul style="list-style-type: none"> • Experience has been very enjoyable. Received good support from department.

CATEGORY	ADJUNCT/CLINICAL	SENATE
	<ul style="list-style-type: none"> • Once I got into Adjunct series, I'm in correct series. Happy with series now. • Positive experience at recruitment. • My research is going well. • Department treats me well, my experience here has been positive. • So far positive experience. • I have great support from department chair. My experience here is wonderful. • Happy within department • Experience has been positive. I've brought a lot of community connections from outside UC to university for the project. Bureacracy is slow, but other than that [I] like my department and school. • My recruitment experience was easy (<i>phrase deleted</i>), I got a lot of direction in the first few years here. I've gotten advice to increase research part of my career, but don't feel that Ladder Rank is my goal. • My division and department are generous. I'm very happy. In-Residence would have been better, but it doesn't make much difference. Adjunct has some advantages too. Happy where I am. • Great university to be part of. • Overall I'm happy with UCSF. • I love what I do here, it's a wonderful place to be. • Experience has been good so far. I've had a lot of support in getting in Adjunct series which means I can get my own grant and do more teaching. • Enjoy students, faculty, staff at UCSF. Everyone is supportive. • Experience with department has been good. • I've been here (<i>length of time deleted</i>). Experience so far has been positive; I'm enthusiastic. • I've had a good experience since I got here (<i>length of time deleted</i>). I like being here because of its focus on healthcare. 	<ul style="list-style-type: none"> • Experience so far has been very good. No complaints. • I've been treated well. • Positive experience so far. • Good experience so far.
16. Other	<ul style="list-style-type: none"> • I would like to have the same resources for research in Clinical series as other series. • Too much administrative service prevents faculty from doing what they want to do. • Been here (<i>number deleted</i>)years, so don't know much about UCSF. Many faculty are hired on part-time basis due to economics and not as 	<ul style="list-style-type: none"> • The series are presented that they don't matter and this continues to be an issue for me. • Need for better administrative support.

CATEGORY	ADJUNCT/CLINICAL	SENATE
	<p>many people interested in academics (<i>discipline deleted</i>). Departments may save money by hiring part-time faculty so don't have to offer benefits.</p> <ul style="list-style-type: none"> • I would like information on doing anything outside my series such as research. • Overall experience is pretty good, but wish for more flexibility for faculty who've been here a while to explore other opportunities. 	

APPENDIX 8. RESULTS OF RANDOM PUBLICATION STUDY OF 25 ASSISTANT CLINICAL AND ADJUNCT PROFESSORS

In order to determine the nature and quality of publications by Assistant Clinical and Adjunct faculty, as well as determine whether these faculty tended to have independent research programs or were playing supporting roles in other faculty members' research, we examined the publications by a random sample of 25 Assistant Clinical and Adjunct Professors who participated in the telephone survey. Each participant's publication history was gathered from the National Library of Medicine's PubMed citation database. Only publications from January 2000 to July 2003 were included. Faculty were considered "primary investigators" if they were predominantly listed as first or last author in most papers. Faculty were considered "supporting role" if they were consistently listed somewhere in the middle of a long list of authors. "Intermediate" described circumstances where both situations existed for the same person in about equal amounts. The primary conclusions of the survey are:

- About 44% (7 out of 16) of Assistant Adjunct Professors publish in high-quality journals as first authors, second authors, or senior authors.
- Assistant Clinical Professors also produce similar data with 44% (4 out of 9) using similar criteria.

Table 1 and Table 2 present the complete results of this study.

TABLE 1. CLASSIFICATION OF PUBLICATION RECORD OF 25 ASSISTANT CLINICAL AND ADJUNCT PROFESSORS

SERIES	TYPE OF AUTHOR		
	Primary investigator	Intermediate	Supporting role
Adjunct	44% n=7	31% n=5	25% n=4
Clinical	44% n=4	22% n=2	33% n=3
TOTAL	11	7	7

FIGURE 6. PERCENTAGE OF CLINICAL AND ADJUNCT FACULTY ROLES IN PUBLICATIONS

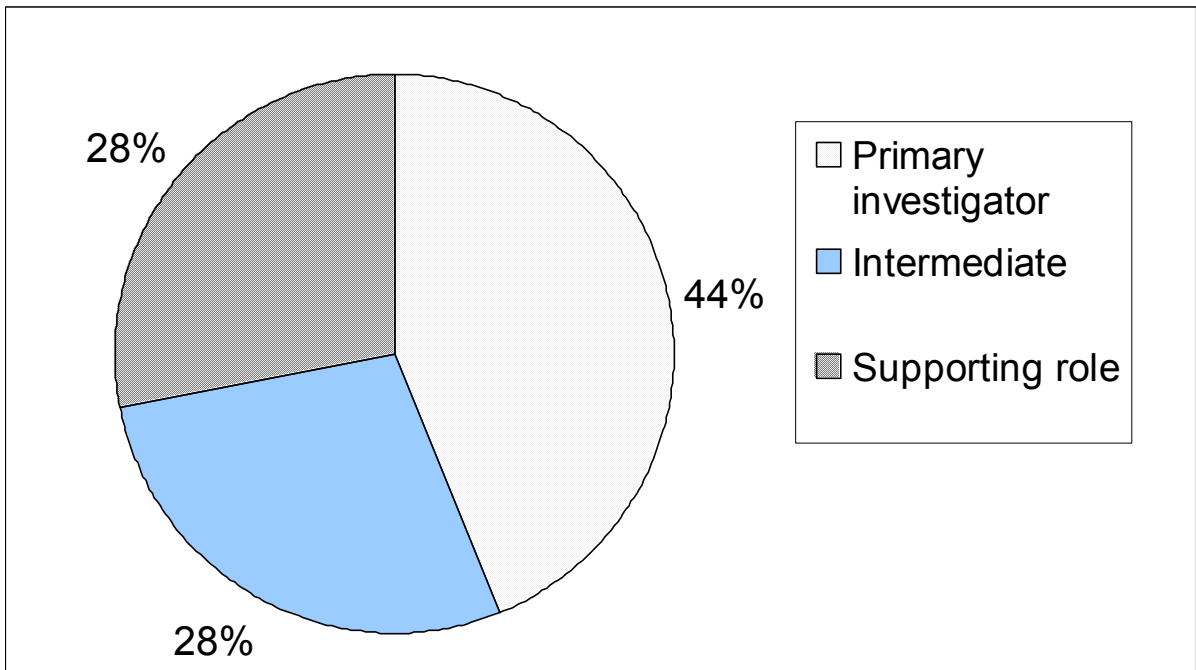


TABLE 2. CLASSIFICATION OF PUBLICATIONS BY TYPE OF AUTHOR FOR 25 CLINICAL AND ADJUNCT FACULTY

Primary investigator	Intermediate	Supporting role
<i>Acad Med</i>	<i>Addict Behav (2)</i>	<i>Am J Med Qual</i>
<i>Adv Space Res</i>	<i>AIDS Educ Prev</i>	<i>Addiction</i>
<i>AIDS</i>	<i>Am J med</i>	<i>AIDS</i>
<i>AIDS Res Hum Retroviruses</i>	<i>Am J Obstet Gynecol</i>	<i>Am J Public Health (6)</i>
<i>Am J Crit Care</i>	<i>Am J Pathol</i>	<i>Am J Trop Med Hyd</i>
<i>Am J Epidemiol (3)</i>	<i>Antimicrob Agents Chemother</i>	<i>Biol Reprod</i>
<i>Am J Med</i>	<i>Biochemistry (2)</i>	<i>Carbohydr Res</i>
<i>Ann Emerg Med</i>	<i>Can J Appl Physiol</i>	<i>Diabetes Care (4)</i>
<i>Ann Epidemiol</i>	<i>Can J Vet Res</i>	<i>Fam Process</i>
<i>Arch Dermatol</i>	<i>Cancer Epidemiol Biomarkers</i>	<i>Gerontologist</i>
<i>Arch Intern Med</i>	<i>Prev</i>	<i>Hum Reprod Update</i>
<i>BMJ (3)</i>	<i>Cell Mol Biol Lett</i>	<i>Int J Health Serv</i>
<i>Br J Cancer</i>	<i>Circ Res</i>	<i>Int J STD AIDS</i>
<i>Cancer Invest</i>	<i>Clin Obstet Gynecol</i>	<i>J Acquir Immune Defic Syndr (3)</i>
<i>Clin Infect Dis</i>	<i>Curr Opin Cell Biol</i>	<i>J Assoc Nurses AIDS Care</i>
<i>Community Dent Oral Epidemiol</i>	<i>EMBO J</i>	<i>J Neurosurg</i>
<i>DNA Repair</i>	<i>Health Care Women Int</i>	<i>Mov Disor</i>
<i>EMBO J (2)</i>	<i>Human Reprod</i>	
<i>Endocrinology</i>	<i>Immunity</i>	
<i>Environ Health Prospect (2)</i>	<i>Immunol Rev</i>	
<i>Free Radic Biol Med</i>	<i>J Am Board Fam Pract</i>	
<i>Front Biosci</i>	<i>J Am Vet Med Assoc</i>	
<i>Genes Chromosome Cancer</i>	<i>J Biol Chem (3)</i>	
<i>IEEE Trans Biomed Eng</i>	<i>J Cell Biol (4)</i>	
<i>Int J Radiat Biol (2)</i>	<i>J Cell Sci</i>	
<i>J Adolesc Health</i>	<i>J Clin Endocrinol Metab</i>	
<i>J Acquir Immune Defic Syndr</i>	<i>J Immunol</i>	
<i>J Am Acad Dermatol</i>	<i>J Mol Biol (2)</i>	
<i>J Cataract Refract Surg (2)</i>	<i>J Obstet Gynecol Neonatal Nurs</i>	
<i>J Comp Neurol</i>	<i>J Tissue Viability</i>	
<i>J Neurophysiol (2)</i>	<i>J Vet Intern Med</i>	
<i>J Physiol</i>	<i>J Virol</i>	
<i>J Public Health Dent</i>	<i>Med Oncol</i>	
<i>Microsc Res Tech</i>	<i>Med Pregl (2)</i>	
<i>Mutat Res (3)</i>	<i>Menopause</i>	
<i>N Engl J Med</i>	<i>Mol Biol Cell</i>	
<i>Nat Genet</i>	<i>Nat Biotechnol</i>	
<i>Nature</i>	<i>Nat Cell Biol</i>	
<i>Nurs Times</i>	<i>Nature</i>	
<i>Obstet Gynecol</i>	<i>Nephrol Dial Transplant</i>	
<i>Oral Dis (2)</i>	<i>Neuron</i>	
<i>Prev Med</i>	<i>Nicotine Tob Res (2)</i>	
<i>Proc Natl Acad Sci (2)</i>	<i>Paediatr Drugs</i>	
<i>Science</i>	<i>Proc Natl Acad Sci (4)</i>	
<i>Trends Genet</i>	<i>Public Health Rep</i>	
	<i>Science (2)</i>	
	<i>West J Med</i>	

APPENDIX 9. IMPORTANT POINTS FOR DISCUSSION BETWEEN DEPARTMENT CHAIRS/ORU DIRECTORS AND NEW FACULTY APPOINTEES

Name:	
School:	Home Dept.:
Additional Appointments:	

TYPE OF APPOINTMENT AND COMPENSATION

- Series of proposed appointment and information on how it differs in expectations and commitments from other series, including criteria for advancement.
- Rank, step and percent time of the appointment as well as the implications of these for advancement.
- Total Negotiated Annual Salary: _____ Covered Compensation: _____

- Sources of Compensation.
- Responsibilities of the faculty member related to the compensation plan (if applicable). A copy of the plan should be provided to the candidate.
- Provision of the booklet “Advancement and Promotion at UCSF: A Faculty Handbook for Success” and the opportunity to have questions answered about its content.

RESPONSIBILITIES AND EXPECTED DISTRIBUTION OF TIME

- Approximate percent of protected time to conduct research/creative activities during the first year of the appointment and discussion of the percent of protected time that can be expected in future years.
- Clarification of specific responsibilities for participation in departmental teaching and/or clinical programs, including approximate percent of time devoted to teaching (if applicable) and to clinical practice (if applicable).
- Expectations for University and public service (as compared to professional commitments).

IDENTIFICATION OF SPECIFIC RESOURCES AVAILABLE FOR MENTORING

ADMINISTRATIVE SUPPORT AND RESOURCES

- Identification of Department/School resources and mentors for faculty development of research, teaching, and professional competence.
- Identification of the location of office space and research space (if applicable).
- Specific computer and other technology or equipment that will be available.
- The nature of administrative and clerical support and other resources that will be available.
- Identification of Department, School and/or campus resources and contacts related to health and other benefits, library support, parking and commuting, et cetera.

CONFIRMATION OF DISCUSSION

- Confirmation letter of discussion.

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Academic Senate
senate.ucsf.edu

January 2010
Academic Senate
Task Force Report
Attachment 2

Task Force Reviewing the Recommendations of the Task Force on Faculty Recruitment, Retention and Promotion Kit Chesla, RN, DNSc, FAAN, Chair

Originally Submitted to the Below Parties June 22, 2009

To:

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The Academic Senate Committee on Academic Personnel (CAP)

Care of Wilson Hardcastle
Senior Analyst, Office of the Academic Senate
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RE: Request for Information; Follow Up to the Report of the Task Force on Faculty Recruitment, Retention and Promotion

The Academic Senate, working through its Committee on Academic Planning and Budget, has convened a new task force to follow up on the recommendations (approved by the Chancellor on July 25, 2005) put forth in the 2003 Report of the Task Force on Faculty Recruitment, Retention and Promotion. (The report is available at <http://senate.ucsf.edu/2003-2004/v2-FRRP-Report.html>.)

To this end, the new task force is requesting outcome responses and quantifiable data where possible to evaluate the means of implementation of the specific recommendations made in the 2003 Report of the Task Force on Faculty Recruitment, Retention and Promotion. This request for information is directed to the three related divisions named in the salutation above, but not all queries will pertain to all parties. However, all queries are presented together so that all may have a clearer understanding of the recommendations of the original task force and may better respond to this request for information. Please reply to the questions directed to your office either by campus mail or electronic mail to Wilson Hardcastle at campus box 0764 or to wilson.hardcastle@ucsf.edu.

Some of the 2003 recommendations have been paraphrased for brevity, others have been quoted in their entirety for completeness and clarity.

Section A: Implementation of a Multifaceted Educational Program

Recommendations A.1-5: These recommendations pertain to new appointments (as well as current faculty advancement) and the discussion of the specific criteria and expectations of each series. The task force recommended the implementation of a new checklist, and that its completion be required for all new appointments. This checklist is referred to as the New Faculty Checklist and is titled "Important Points for Discussion Between Department Chairs/ORU Directors And New Faculty Appointees."

Question to the Committee on Academic Personnel: Is this new checklist being utilized and required for all new appointments regardless of level? If not, which appointments are being excluded and why? Also, what are the consequences if a candidate's file does not include the completed checklist?

This checklist is required to be included in all appointment packets, and to be signed by both the Department Chair and the Candidate. There have been extremely rare instances (less than five last year as memory serves) when the checklist has been missing from an appointment packet. If the candidate is a new hire and there is cause for concern, CAP may return the packet to the Office of Academic Personnel and require that the file be returned with the new hire checklist, else CAP may note the absence of the checklist in its recommendation to the Vice Provost Academic Affairs. If the candidate is an experienced faculty member changing series and all else seems to be clear and in order, CAP may not delay the change in series pending the submission of the checklist but will note the absence of the checklist to the VPAA. Again, the instance of a missing checklist is extremely rare.

Related question to the Office of Academic Personnel and the Associate/Vice Deans for Academic Affairs: Have search committees been educated regarding the requirements and criteria for the specific faculty series required for a position prior to engaging in the search or during the candidate evaluation process?

OAP: *There is a new search tool kit that is given to search committees that contains all relevant information*

SOD: *Search committees have not been routinely educated regarding requirements and criteria for specific faculty series. However, the Associate Dean reviews all Recruitment Plans, which are required to contain descriptions of the position and the proposed series. If there is incompatibility between the job description and the proposed series,*

the Associate Dean contacts the Division/Dept Chair and the Search chair to discuss and make the job description and proposed series compatible.

SOM: *This is handled through Office of Academic Personnel.*

SON: *The search committees work from a position description, which, in the School of Nursing, has been developed in consultation with Department Chairs and the Dean – it would be during that consultation that questions, if any, would arise about the faculty series matching the position needs.*

SOP: *The Associate Dean reviews all search plans (e.g., position description, search committee membership) and will occasionally consult with the department chairperson to ensure that the faculty series matches the position description and the department's needs. Historically, the Associate Dean would meet with each search committee to discuss series requirements and diversity issues. As a regular practice, this stopped during the "Search Ambassador" program (Harvey Brody's program). It is now done on an intermittent and less formal basis (e.g., it may involve a telephone call between the Associate Dean and the search committee chair; or, if the search chair has chaired other search committees (with satisfactory outcome), the discussion may not take place).*

Recommendation A.6: Mentors should include information on series requirements as part of the overall advisory program

Question to the Office of Academic Personnel: Over the past several years, what sort of, and how many, workshops and/or educational sessions have been offered for faculty, administrators and mentors regarding the criteria for appointment and advancement in the specific series?

Each year there are numerous sessions (4 this year) held during FIWW. In addition we have held faculty development sessions on this topic.

Question to the Associate/Vice Deans for Academic Affairs: On an annual basis, how many sessions have you held with faculty, administrators and mentors regarding the criteria for appointment and advancement in each specific series?

SOD: *The Associate Dean holds one meeting annually with all department Academic Personnel staff and MSO's in the School. This is devoted to new and current faculty advancement policies, and plans for the coming year. The Associate Dean offers annually to meet with Chair and Division Chairs of the four School of Dentistry departments. Over the course of the last three years, the Associate Dean has met with the division/department chairs of the two large departments in the School to discuss advancement policies, and have scheduled quarter break lunch time sessions with interested faculty from our largest department (keep in mind that our whole School is smaller than several departments in the SOM). I also meet individually with faculty on request, to discuss series descriptions and advancement criteria in the context of their career development goals.*

SOM: *We have multiple workshops aimed at faculty at junior, mid and senior levels each year.*

SON: *The Associate Dean for Academic Affairs and the Associate Dean for Research have had periodic meetings with various series faculty to review CV preparation, expectations for merit and promotion, and the like. These have been well attended. In addition, the*

Associate Dean for Academic Affairs meets individually with faculty and collectively with department chairs with regard to criteria for specific series.

SOP: The School holds orientation sessions for newly-hired faculty approximately every two years (last held November 2008). At this session, the Associate Dean reviews the advancement criteria for the faculty series. On an ad hoc basis, the Associate Dean also provides counsel to individual faculty and to department chairs (re: appointment/advancement criteria) when it is requested and/or seems to be needed. The Associate Dean is a member of the Dean's Leadership Group – and provides annual updates to chairs on advancement issues (e.g., those highlighted in the Annual Call or that have arisen within the School over the past year). One of the three departments in the School (Clinical Pharmacy) requests that all newly-hired faculty meet with the Associate Dean for a one-on-one session related to academic advancement. The Dean's Office also encourages faculty participation in Faculty Information & Welcoming Week each year (where appointment/advancement criteria are reviewed).

Recommendation A.7: Career Reviews “*How are faculty being made aware that, under existing procedures described in the APM, they may request a career review and a re-review of their academic personnel file at any time? Does this awareness-raising education include situations where the faculty member believes that he/she may be in the wrong series.*”

Question to the Office of Academic Personnel: What processes or policies are in place to educate faculty members of the opportunity for a career review?

Section B. Establishment of General Guidelines for New Appointments

Recommendation B.1. “*The criteria for appointment and advancement in a given series should be determined by an individual faculty member's actual duties and should be consistent with those described in the APM. Departments should not create additional criteria for appointment and promotion beyond those in the APM, although the department can provide more specific guidelines and details of the appointment expectations to the faculty member.*”

Question to the Associate/Vice Deans for Academic Affairs: Are departments using criteria for appointment and advancement other than those set forth in the APM? If so,

What departments are these?

What are their criteria? and

How are these criteria justified in light of the recommendations of the 2001-2005 task force of faculty and administrators and the endorsement of the Chancellor?

SOD: School of Dentistry departments are not using criteria for appointment and advancement other than those set forth in the APM.

SOM: Departments use the APM as the floor. Many departments have set up specific criteria for advancement and promotion that are within the guidelines. We have asked

departments to send us their criteria. So far only a minority of departments have responded.

SON: *The School of Nursing uses the criteria set forth in the APM.*

SOP: *Are departments using criteria for appointment and advancement other than those set forth in the APM? Yes – one department has developed appointment/promotion guidelines that are intended to supplement the APM information.*

*What departments are these? Department of Clinical Pharmacy
What are their criteria? Included as an attachment along with this report
How are these criteria justified in light of the recommendations of the 2001-2005 task force of faculty and administrators and the endorsement of the Chancellor? These 'guidelines' are intended to clarify the APM and are felt to be consistent with APM appointment/advancement criteria. They have previously been submitted to CAP for review.*

Question to the Committee on Academic Personnel: Does CAP use criteria for appointment and advancement other than those set forth in the APM? If so, what are these criteria? How does CAP respond to departments (if any) that apply additional criteria beyond the APM?

CAP relies on the criteria set forth in the APM for academic evaluation. APM 210-6 indicates that faculty in the Health Sciences Clinical Professor series should be evaluated regarding University and public service and research and creative work according to campus guidelines. At UCSF, each school has written guidelines for the Health Sciences Clinical Professor series and these have been provided to CAP for review and consultation.

If a department has criteria more onerous than those set forth in the APM, that level of review takes place at the department and school, where a candidate may not advance until such criteria are met. Thus, CAP is usually unaware that such additional criteria have been applied to a specific candidate. At the level of CAP review, CAP relies on the APM (as instructed by the APM).

CAP is currently considering the authority of departments to set criteria for advancement which differ from those in the APM (e.g. grant or funding requirements). CAP requested clarification from the Chair of UCAP last year, however the matter was not discussed by UCAP nor did UCAP provide an official response. In the 2009-2010 academic year, UCSF CAP plans to request that this discussion appear on the UCAP agenda and that a formal opinion be provided.

Recommendations B.2-4: Faculty should be hired into the series that best suits their responsibilities, the series in which they are likely to remain, and the series which best fits their career goals.

Question to the Office of Academic Personnel: Does it appear that hiring practices in the schools and departments are consistent with this recommendation?

Yes and no.

If not, what are the exceptions to this recommendation?

Most exceptions seem to be of the nature of a choice between being appointed in a non-Senate series or not appointed at all. In addition, many new faculty have not clearly defined their career goals.

What procedures does the Office have in place to see that this policy is being consistently implemented?

How many faculty members fall under these exceptions? If data are not available, please provide an educated guess.

No guess, it is all I can do to review the packets – no time to count different categories, no electronic data base as yet.

Question to the Associate/Vice Deans for Academic Affairs: Are hiring practices in your school consistent with this recommendation? If not, what are the exceptions to this recommendation? Are exceptions characterized by series, department, type of work or other general category?

SOD: In the School of Dentistry, faculty are for the most part hired into the series that best fits their career goals and department needs. One modification of this relates to hiring DDS/PhD faculty whom we feel have not had enough time to get their research programs started. In those cases (about 4 in the past 5 years), the Department in question has initially hired them into the Adjunct series for 2 years, with very low clinical obligations, to give them protected time to develop their research. The intention from the beginning is to then transfer them to the Clinical X, in Residence or Ladder Rank series. There is no School or Department policy to use the non-Senate series as testing grounds.

SOM: Many faculty in the junior level who are trainees here enter as K awardees and are placed in clinical or adjunct series to allow them time to differentiate. They are then searched at the associate level for the appropriate series. This is not true for basic science departments who hire at the assistant level into tenure track series.

SON: We believe that hiring practices are consistent with this recommendation.

SOP: Yes. In the School of Pharmacy, it is the practice to hire faculty into the series which best fits their career goals and the department's needs. We do not use non-Senate series' for "interim appointments" before deciding which series best suits the faculty member.

Recommendation B.5. *"In approving new appointments, CAP should pay special attention to the proposed duties of the new appointee and, if it appears that someone is being appointed in the wrong series, bring this to the attention of the appropriate associate/vice dean for Academic Affairs before acting on the file."*

Question to the Committee on Academic Personnel: How does CAP attend to this issue for new appointments? Are there data regarding how often CAP recommends an alternate series for a proposed appointment? Are these recommendations concentrated in any school(s) or department(s)? If so, where?

The Committee on Academic Personnel carefully reviews the intended activities of new appointments in accordance with their appointed series. CAP does not hesitate to recommend modification of an appointment should the candidate expectations differ from the characteristics of their proposed appointed series. CAP also pays strict attention to series-appropriateness in all reviews, not only appointments or proposed changes in series.

There is no specific data regarding how frequently CAP recommends modification to a proposed series or makes an additional recommendation to a Department Chair that a faculty member consider a change in series. Anecdotally, there is no particular concentration to any school or department.

Question to the Office of Academic Personnel: What is the oversight for new appointments at levels not reviewed by CAP? How is OAP ensuring that these new faculty members are being appointed into the correct series?

Standard review process, see above.

Section C. Systematic Review of Existing Faculty in the Adjunct or Clinical Series

Recommendation C.1: *“At the time of review for merits and promotions of all existing faculty who hold Adjunct or [Health Sciences] Clinical titles, there should be a review of actual duties. If individual faculty are satisfactorily performing all of the duties expected of a Senate member in a particular series, then they should be transferred into the appropriate Senate series. The associate/vice deans for academic affairs should instruct the departments to consider these issues when preparing merit and promotion packets.”*

Question to the Associate/Vice Deans for Academic Affairs: What processes have been used in the past five years to ensure this review of Adjunct and Health Sciences Clinical Faculty, and that their duties are appropriate to their appointed series? How many (or what fraction) of faculty in these series have been moved from non-Senate to Senate series? Are there any schools or departments where this policy does not seem to have been implemented?

SOD: *There are no specific documented processes to assure that the duties of faculty in non Senate series are appropriate to their series. However, when packets are reviewed, the Associate Dean has on occasions contacted the Department/Division Chair and the faculty member to discuss such discontinuity when it is apparent. In one case, this action has resulted in a change in series recommendation, without a search, since the faculty member had been performing at a level consistent with the Senate series since her hire date. In two other cases, Change in Series actions were initiated by a Department when the duties of the faculty members changed significantly and FTE became available.*

SOM: *We use the merit process to keep track of this. We also hold “appraisals” in our office to assist faculty who would not otherwise receive an appraisal (non- Senate).*

As of 08/20/09, there are 1,922 Core Faculty, of which 322 are Adjunct. Using the actual earnings records, since Jan 2004, there were 156 instances when faculty who had been paid in Adjunct title codes were subsequently paid in Non-Adjunct (Clinical, Clinical X, In Res, and Ladder) title codes.

Here is the count of those change in series by department:

Anatomy 4
 Anesthesia/Perioperative Care 2
 Dept Of Emergency Medicine 1
 Dermatology 2
 Epidemiology & Biostatistics 5
 Comprehensive Cancer Center 1
 History of Health Sciences 2
 Institute For Health Policy Studies 4
 LPPI Instr & Research 5
 Medicine 59
 Microbiology And Immunology 1
 Neurological Surgery 2
 Neurology 13
 Ob/Gyn & Reproductive Sciences 6
 Ophthalmology 3
 Orthopaedic Surgery 1
 Otolaryngology 1
 Pathology 2
 Pediatrics 12
 Psychiatry 6
 Radiation Oncology 5
 Radiology 8
 S/M-Diabetes Center 2
 S/M-FCM-Department 3
 Surgery 4
 Urology 2

SON: *Each faculty member is reviewed upon opportunity for merit or advancement. We have had non-Senate faculty members apply, and be selected, for ladder rank appointments. They then perform to the requirements of their new position.*

SOP: *Faculty duties are routinely reviewed at the times of advancement (or 5-year review) to ensure that they are appropriate for the current series. If there appears to be a disconnect between series and duties (which is uncommon), these cases are discussed first with the department chairperson. In the past five years, we have had one faculty member move from a non-Senate series to a Senate series (H.S. Clinical to Professor of Clinical X). This individual applied for an open position in the Clinical X series (vacated by a retiree) and was ultimately selected for this position. There has been one change from a salaried Senate appointment to a salaried non-Senate series (Ladder rank to Adjunct). This was done at the request of the Chair and the faculty member and was based on a change in the faculty member's career direction (to a teaching focus).*

Recommendation C. 2: "CAP should consider these issues when reviewing packets for those faculty it reviews and bring to the attention of the appropriate associate/vice dean for academic affairs through the Vice Chancellor for Academic Affairs cases of those individuals who should be considered for movement into a Senate series."

Question to the Committee on Academic Personnel: What are the processes CAP has used to ensure faculty, particularly those in the Adjunct and Health Sciences Clinical Professor series,

have appointments into the series consistent with their duties? What data can CAP provide that there have been appropriate changes in series in the last five years?

In every review, CAP pays specific attention to faculty activities and accomplishments with regards to their appointed series. If faculty in any series, not just Adjunct or Health Sciences Clinical, have responsibilities or accomplishments more suitable to another academic series, say In Residence or Clinical X, CAP makes a recommendation for a change in series, or that a candidate consider a change in series should they be interested in doing so. This of course works in the converse, and CAP may make a recommendation for an In Residence faculty member to change to Adjunct should they exhibit a specific imbalance in their activities, or perhaps a Clinical X faculty member may be recommended to consider an appointment into the Health Sciences Clinical Professor series should that be more in line with their interests, activities, and accomplishments.

The number of proposed actions involving a Change in Series over the past five years is as follows:

Year	'08-'09	'07-'08	'06-'07	'05-'06	'04-'05
Changes In Series Actions	84	53	45	43	46
Total Files Reviewed	415	361	305	357	346

Taken as a percentage of total files reviewed, the percentage of files resulting in changes in series actions has increased somewhat in '06-'07 and '07-'08 and substantially this past year. We attribute the latter increase to CAP's increased awareness and diligence in making sure that faculty are located in series consistent with their duties and responsibilities.

Recommendation C.3: *“The associate/vice deans for academic affairs should provide an annual report to CAP on the number of Clinical and Adjunct faculty reviewed each year and the number who are moved into an appropriate Senate series.”*

Question to the Committee on Academic Personnel: Has CAP been provided with these annual reports? If so, please provide copies of these reports.

Neither the Committee on Academic Personnel nor the Office of the Academic Senate is in possession of any annual reports from the associate or vice deans of academic affairs regarding the review of Health Sciences Clinical or Adjunct faculty for appropriateness of series appointment.

Note from the SON: We have not made such reports, nor would we wish to start making these reports, given the current constraint on all resources.

Note from the SOP: No – these reports have not been explicitly generated, but they could be using CAP and/or School data. Every faculty member evaluated by the Dean's office for advancement (or 5-year review) is “reviewed”. The numbers of series changes are discussed above (in response to C.1.) and could be cross-checked using CAP data.

Recommendation C.4: *“There should be a blanket waiver of national searches of all series changes of those individuals who are UCSF faculty satisfactorily performing all of the duties expected of a Senate member in a particular series as of the date that these recommendations are implemented through the time it takes to review all eligible faculty. This waiver should not apply to new appointments.”*

Question to the Office of Academic Personnel: Did this blanket waiver occur? *Yes.*

If so, is it still in force? *No.*

What effect did it have? *Many faculty changed series.*

How many individuals were affected by such a blanket waiver? *Please see academic affairs website for numbers of faculty in each series over the last 5 years.*

Section D: Identification by Campus Administration of Ways to Minimize the Financial Liability of Hiring People into the In-Residence Series

Recommendation D.1: *“Administrators must find ways to financially accommodate the growth of academic units, while at the same time taking into account the well-being and future careers of the faculty who are hired, rather than shifting all the financial risk on to the junior faculty as a de facto condition of offering them a UCSF faculty position.”*

Question to the Associate/Vice Deans for Academic Affairs: What actions have been taken to support the growth of academic units without requiring junior faculty to bear the burden of securing their own salaries?

SOD: Wherever possible, new junior faculty hires are given support packages that include salary support for an initial period, and start up costs to enable research programs to be supported. In some cases these packages are a collaborative effort between departments and even Schools. However, finances are extremely tight, and we are fully aware that in some cases Departments and the School cannot afford generous start up packages. However, the School does not deliberately hire faculty into non Senate series purely for financial reasons if the faculty member’s qualifications are more appropriate for a Senate series position.

SOM: We offer an award to junior women faculty interested in translational research. Otherwise, these financial burdens must be negotiated by Department Chairs with the Dean.

SON: At the moment, ‘financial risk’ falls on the departments and central academic affairs, as administrative resources have been consistently been reduced, while faculty numbers consistently grow. Each recruitment of a junior faculty has been discussed within a department, and at the school level, to determine what kind of “start-up” package can be offered; what kind of released time can be accommodated, and which mentor(s) are best to guide the new faculty. No one has made this kind of assessment of the administrative needs within each department, school, and on campus, in order to support this growth.

SOP: In the School of Pharmacy, the Dean and department chairperson have a discussion related to each faculty recruitment. In some instances (primarily, basic science recruitments), the start-up packages provide funds that may be used for salary support. One or more departments, and one or more Dean’s Offices may contribute funds to these start-up packages, depending upon the specifics of the recruitment. The School has been mindful to assure that junior faculty members are not overly stressed by the need to bring in funds to support their salaries. We use the In-Residence and Adjunct series’ relatively sparingly.

Recommendation D.2: *“Department chairs, in particular, should be held accountable for the practice of hiring people into the Adjunct or Clinical series purely for financial reasons when the positions being filled more appropriately call for an In-Residence appointment. This issue should be part of the stewardship review of department chairs and other administrators.”*

Question to the Office of Academic Personnel: Is this issue expressly included in the materials to be provided and reviewed during the Stewardship Review process for Department Chairs?

That sentence does not appear in the documents, but appropriate faculty review is a significant part of a stewardship review of a chair.

Recommendation D.3: *“This report should be transmitted to the Academic Senate Committee on Academic Planning & Budget (APB) to inform the committee of the problem of hiring faculty, strictly for financial reasons, in the Adjunct or [Health Sciences] Clinical series when the positions being filled call for In-Residence appointments. APB should take an active role in monitoring and discouraging this practice when they advise the Administration on budgetary matters.”*

The report of the original task force was transmitted to the Committee on Academic Planning and Budget, and the Committee’s active role in monitoring these recommendations is manifest in the formation and leadership of this new task force.

Thank you all for your consideration and cooperation. The New Task Force Reviewing the Recommendations of the Task Force on Faculty Recruitment, Retention and Promotion requests that the responses to these queries be returned to the Office of the Academic Senate, care of Wilson Hardcastle (Box 0764 or wilson.hardcastle@ucsf.edu), by Thursday, August 27, 2009.

Sincerely,

The Task Force Reviewing the Recommendations of the Task Force on Faculty Recruitment, Retention and Promotion

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