



## Clinical Affairs Committee

Hope S. Rugo, MD, Chair

# ANNUAL REPORT

## 2015-2016

### Primary Focus Points for the Year:

- Revisions to the Academic Personnel Manual (APM) impacting clinical faculty
- Faculty Exit Survey
- UCSF Health expansion
- Bylaw revisions

### Task Forces, Special Committees, and Sub-Committees:

- Parnassus Clinical Sciences Building/University Hall Retrofit Occupancy Planning Committee
- Campus Development Campaign Committee
- Campus Space Planning Committee

### Issues for 2016-2017

- Campus implementation of revisions to APM 278, 279 & 210-6
- Clinical Affiliation Agreements
- UC Health Strategic Plan
- Chancellor's 500K Allocation Fund

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### 2015-2016 Members

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**Hope Rugo, Chair**  
**Katherine Yang, Vice Chair**  
Nima Afshar  
Pilar Bernal De Pheils  
Geraldine Collins-Bride

Christopher Fee  
Steven Hays  
Steven Hetts  
Timothy Kelly  
Lena Kim  
Brent Lin

**Ex officio member:**

David Morgan, Executive Director  
Medical Center Administration

**Number of Meetings: 9**

**Senate Analyst:** Karla Goodbody

## Systemwide Business

This year, the Academic Senate Clinical Affairs Committee (CAC) addressed the following Systemwide issues this year:

### **Revisions to Academic Personnel Manual (APM) sections 278, 279 and 210-6**

During April and May 2016, CAC members reviewed the report and recommendations from the UC Work Group charged with revising sections 278, 279, 350 and 210-6 of the APM, and sought clarification on these revisions from the Vice Provost of Academic Affairs, Brian Alldredge. In response to the proposed revisions, CAC focused its comments and recommendations to APM sections 278, 279 & 210-6 in its communication to the Systemwide Academic Senate. CAC raised two issues surrounding these revisions:

1. APM 278 (Health Sciences Clinical Professor): With the inclusion of professional competence, teaching, University and public service, and creative work as mandatory review criteria for HS Clinical professors, there was concern about how these mandatory requirements would play out in the actual assessment of clinical faculty. CAC members noted that previously, professional competence, University and public service, and creative work were optional review criteria for faculty in this series. Towards that end, CAC advised that significant care be put into the drafting of local campus guidelines for the respective Committees on Academic Personnel (CAPs) to ensure appropriate review of faculty members currently in this series as well as placement and review of new faculty. Indeed, review criteria in these areas may differ by Schools and departments; guidelines should serve to smooth out these differences as well as faculty expectations.
2. APM 279 (Volunteer Clinical Professor): The revised APM 279 clearly places clinical practice and clinical teaching as key review criteria for this series, with creative activity being an optional component that may be included in a faculty member's portfolio. Likewise, the local guidelines should clarify how the creative activity criteria will be implemented and considered for new volunteer clinical appointees and the personnel review of existing volunteer clinical faculty members.

CAC supported an opportunity to address the implementation of these review criteria through the inclusion of Senate review of local APM 210-6 implementation policies.

### **2013-2014 Faculty Exit Survey**

CAC members reviewed the first two years of data (2013-14) of 206 faculty that had separated from UCSF's four Schools. The survey included faculty at all ranks in all series. Among the separated faculty who were identified, 45% responded to the survey. Survey highlights include:

#### **1. Destination of separated faculty:**

- Another academic institution
- Private practice
- Accepted position in the private sector

#### **2. Top reasons for leaving UCSF:**

- Personal and family issues
- Insufficient salary
- Lack of administrative support
- UCSF position did not meet expectations
- High cost of living
- Lack of inclusive culture

#### **3. How faculty felt valued while at UCSF:**

- 59% felt valued for their clinical activities
- 51% felt valued for their service-related activities
- 59% felt valued for their teaching and mentoring activities, and
- 43% felt valued for their research activities.

Respondents were fairly favorable of the climate at UCSF, and while 78% of respondents found their job at UCSF rewarding, only 49% felt a strong sense of community at UCSF. There were also no remarkable differences in the responses between men and women (both groups cited personal/family issues and insufficient salary as top reasons for leaving). In response to the survey's results, Academic Affairs formed a task force to address these issues while also focusing on implementing family friendly policies.

CAC members noted that a rank-ordering of the reasons for leaving was important, and should be incorporated in future surveys. CAC members also applauded VP Aldredge's efforts to normalize family friendly leaves, as there has historically been a dearth of policies on leaves, along with the potential impact on career.

### **UCSF Health Expansion**

Over the course of the year, CAC invited UCSF Medical Center leaders to share progress on the various initiatives related to UCSF Health's growth into new service areas, to learn more about the new Accountable Care Organization developed with John Muir Health, and plans to expand UCSF Health's clinical footprint.

## **1. Bay Area Accountable Care Network (now Canopy Health)**

*Jay Harris, Vice President of Mergers, Acquisitions and Strategic Development, UCSF Health*

Vice President Harris provided an update to the Committee on UCSF Health's affiliation with John Muir Health System, Hospice by the Bay and the development of the Accountable Care Network (ACO) initially named the Bay Area Accountable Care Network and later changed to Canopy Health. Committee discussion points included:

- Criteria for pursuing an affiliation
- Faculty consultation on criteria for referrals within UCSF Health network
- Evaluation of mobile devices as part of affiliation's digital health strategy
- Impact of ACO's to UCSF's 4 Schools
- Opportunities to expand student placements & faculty practice with expansion of UCSF Health.

## **2. APEX**

*Heidi Collins, Executive Director of Clinical Information Systems*

Director Collins provided an update on improvements to UCSF's clinical platform APEX, which included the addition of adult oncology & pediatric craniofacial modules. Director Collins shared challenges and opportunities with APEX's platform, including:

- Design of mental health modules that are compliant with Short-Doyle regulations.
- Clinical Research Protocol pilot that while safer and improved for patients and nurses requires more work for principal investigators.
- Opportunity for APEX to be implemented within the General Practice unit at the San Francisco Department of Public Health by 2017.
- Entry point for School of Nursing students into the electronic medical record EPIC.

## **Regents Committee on Health Services**

*Joel Dimsdale, MD, Senate representative appointee*

To better help the Regents guide UC Health's growth and its unique contributions to patient care through its 5 academic medical centers, the UC Regents restructured its governance of the Committee on Health Services to include a faculty representative nominated by the Academic Senate. Joel Dimsdale, MD, Professor Emeritus of Psychiatry from UC San Diego was appointed by President Napolitano to serve as the Senate's Representative through 2018. Dr. Dimsdale serves in an advisory capacity to the Regents Committee on Health Services.

CAC engaged Dr. Dimsdale following his appointment to support his efforts as a member of the Regents Committee on Health Services. CAC discussion points included:

- Faculty morale & retention data through use of common platform across campuses
- Establish linkages to clinical faculty leaders across campuses
- Faculty input to UC Health Strategic plan
- Medical center administrator initiatives lack alignment with those of physicians

## **Bylaw revisions**

To better reflect CAC's policy work going into 2016-2017, the Coordinating Committee adopted CAC's bylaw amendments.

The purpose of these bylaw amendments is as follows:

1. To allow flexibility in CAC's membership.
2. To be responsive to the inclusion of clinical faculty in the Academic Senate's SF Division.
3. To re-align the Committee's ex-officio membership to better facilitate its advisory duties to the Academic Senate, the Chancellor and campus leadership.

## **II. Effect of proposed amendments:**

1. Previously, CAC bylaws required a fixed number of faculty members across Ladder Rank, In-Residence, Clinical Professor, Health Sciences Clinical and Adjunct series. The amendments remove the fixed membership.
2. The amendments remove ex-officio membership from the Chair of the Graduate Council, the Vice Chancellor of Medical Affairs, and update references from UCSF Medical Center to UCSF Health.
3. The amendments expand ex-officio membership to the CEO of UCSF Benioff Children's Hospital Oakland, the CEO of the Bay Area Accountable Care Network and, recognize the Senate representative on the UC Regents Committee on Health Services as a permanent guest.
4. The amendments extend voting privileges to ex-officio members. Realignment of the ex-officio members and recognition of the Senate representative better informs CAC's charge and strengthens its guidance with regard to the growth of UCSF's academic and clinical enterprise footprint.

## **Task Forces and Other Committee Service**

This year, members of the Academic Senate Clinical Affairs Committee served on the following Academic Senate task forces.

- Campus Development Fund Committee (Hope Rugo)
- Campus Space Planning Committee (Hope Rugo & Katherine Yang)
- Campus Space Planning Sub-Committee (Steve Hetts)

## **Going Forward**

Ongoing issues under review or actions, which the Committee will continue into 2016-2017:

- UC Health Strategic Plan
- Parnassus Seismic Upgrades and Construction
- Clinical Affiliate Agreements
- Campus implementation of revisions to APM 278, 279 & 210-6

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