

Coordinating Committee* Chair Update

*soon to be known as Executive Committee of the UCSF Senate Division

July 2016



ITEM ONE. Setting the course for 2016-2017. This is our last meeting of the 2015-2016 senate session, so it would be helpful to get feedback on how things are going, what to keep as is, and what should be changed. Additionally, this is a good time to submit queries to the campus and med center administrations so that in the fall, the newly constituted committees can make a rapid start on addressing priority issues.



ITEM TWO. Follow up on the 2012 Campus Space Policy. We should consider requesting an update on this key document, which launched the current era of space planning at UCSF. It was presented to the Senate Coordinating Committee in October 2012, and at the time, the Senate leaders had many questions and comments on it. While a revision was promised, we have not received one, and you will note it is written as a final and definitive document (will be sent to you prior to our meeting). The discussion in 2012 noted that:

- The plan was derived from the Columbia model, and apparently driven by the UCSF SOM. Space allocation is described as being tied to indirect recovery from research grants, which may cause space to be ceded back to the Dean.
- There is minimal mention of education in the document.
- The UCSF Space Committee described in the document is composed almost entirely of administrators and faculty who are bench researchers. It was unclear if faculty would be fairly represented in this process.

We have made a great effort to gain representation, but it is unclear if this document has been revised, and which of the multiple space committees now stewards it. Has space for education or clinical services been defined and how will productivity of such space be assessed? What is the target indirect recovery per square foot now, and has space been ceded or repurposed pursuant to this policy?



ITEM THREE. Data on indirect recovery. Administrative leaders report that the faculty do not have a good understanding of indirect recovery and the extent to which it covers the cost of funded activities. The space policy noted in ITEM TWO sets a per square foot recovery goal, but apparently indirect recovery does not fully support the research infrastructure. It may be helpful to get additional data on research space productivity (indirect recovery per square foot) and costs of various research settings. The Space Policy noted above averages recovery at the point of direct reports to the Chancellor (mostly the Deans). Besides getting these averaged data, we might want to

request data on type of space (wet lab, imaging facility, supercomputing or dry lab) and by building and campus. We should discuss this at our July 7 meeting.



ITEM FOUR. Changes in rules related to amount of faculty effort that can be charged to Federal grants. The requirement that 95% FTE is the maximal effort that can be charged to Federal funds has been eliminated (see Espresso rule paper). Provost Lowenstein asked the Senate to weigh in on the issue of how this change in policy should impact requirements for support at UCSF. At least one faculty member wrote him to ask that she or he be able to charge 100% of his or her effort to grants. This issue may be more complex than immediately evident. We know from our Question of the Month query regarding how well faculty activities match sources of support, and how over-the-NIH-salary-cap effort is paid that Schools, Departments and Divisions vary widely in how they support faculty (including how State 19900 funds, endowments and clinical revenues are applied). Some faculty reported that their salary was held at the NIH cap, others received Dept support, some funded higher salary via clinical revenue, and some had been given funds by other faculty. Many indicated they had to scramble as individuals to find funds for over the cap salary. Most respondents noted that their activity in teaching and service was not proportionately supported. A faculty member who has to struggle to obtain funds to cover the 5% non-Federal salary, might be happy to be permitted to fund their full salary via grants. However that would not solve the over-the-cap challenge. Also, unless appointed in the Adjunct series, faculty are required to address the teaching and service missions of the University for merits and promotions. Moving many faculty to 100% Federal grant support might further exacerbate the gap between funding source and activity. Can the University require service and teaching when a faculty member's sole source of support is research? Would the APM be changed? This might move non-Ladder Rank faculty appointments more towards the franchise mode of employment, and combined with the recent change in the UCRP, what would the impact be on hiring and retention?



ITEM FIVE. UCSF affiliation with St. Joseph's and potential affiliation with the Dignity System (St. Mayr's and St. Francis Hospitals). Several faculty have written with questions about how any clinical options might be limited for patients receiving care at UCSF affiliates that have policy restrictions, for example policies related to services for reproductive health. It appears that planning efforts may not be well coordinated with the clinical services, and issues of reproductive autonomy have not been fully addressed. We may want to submit several queries to UCSFMC leaders to obtain early information that could aid Clinical Affairs and/or Academic Freedom in a review of the affiliation agreements that have become commonplace.



ITEM SIX. UC Council . Academic Council has recommended acceptance of the new Clinical Associate position (clinicians paid by affiliated institutions). However the changes to Clinical Professor and Voluntary Clinical Faculty may be sent back for more review. The Divisions of campuses that do not have health sciences components question the liberal definition of creative work, which includes examples such as writing chapters in major texts.