UNIVERSITY OF CALIFORNIA

Susannah Scott
Chair, Assembly of the Academic Senate
Faculty Representative, UC Board of Regents

Academic Senate

Office of the President
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Oakland, CA 94607

senate.universityofcalifornia.edu

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September 30, 2026

CHAIRS OF SENATE DIVISIONS
CHAIRS OF SYSTEMWIDE SENATE COMMITTEES

Re: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Senate Division Chairs and Systemwide Committee Chairs,

I am forwarding for systemwide Senate review the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. Please submit comments to the Academic Senate Office at SenateReview@ucop.edu by November 12, 2026, in time for discussion at the November 19 Academic Council meeting.

The review timeline is shorter than usual, and we apologize for the compressed schedule; however, the president and chancellors have identified this as an issue to address on an expedited basis. Non-Senate clinical faculty are also being consulted as part of this review.

President Milliken convened the Task Force to consider alternative approaches to clinical faculty participation in University governance, following the 2025 Senate membership memorials concerning representation in governance of Health Sciences Clinical and Adjunct Professor faculty. The memorials, which would have extended Academic Senate membership to faculty in those title series, failed to advance after divisional voting. To be clear, the Task Force recommendations are not intended to circumvent or revisit the outcome of the Senate's memorial votes, but to explore a different framework for addressing clinical faculty representation and participation in governance.

Overall, the recommendations address Clinical X appointments, faculty review and reclassification, and proposed governance structures for clinical faculty. Although recommendations 1–4 largely involve authorities exercised at the campus level, the Academic Council believes input on their broader systemwide implications would inform campus decision-making.

In addition to general comments on the recommendations, the Academic Council encourages reviewers to consider their practical implications for faculty's role in shared governance, academic personnel processes, and participation in the Academic Senate, including:

- The extent to which the recommendations address the governance issues that led to the Task Force;
- The roles and commitments of UC Health, medical centers, and health professional schools in supporting the proposed governance structures and associated engagement of clinical faculty;
- Potential effects on Academic Senate composition and representation, including the possible scale and process of faculty reclassification;
- The relevance and clarity of the proposed reclassification criteria;
- The implications of establishing an Academic Council Special Committee and divisional Senate counterparts;
- The resources, workload, and staffing needed for implementing the recommendations;
- Whether additional measures may be needed to strengthen Senate and non-Senate faculty engagement in governance.

Even if a committee considers these matters to be outside its jurisdiction or charge, we encourage your feedback on the proposal to ensure broad consultation. Review materials are also available on the Academic Senate website in the Under Review section.

Sincerely,

Susannah L Scott

Susannah Scott
Chair, Academic Council

cc: Academic Senate Executive Directors
Systemwide Senate Executive Director Lin

UNIVERSITY OF CALIFORNIA

James B. Milliken
President

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1111 Franklin Street
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DIVISION OF AGRICULTURE AND NATURAL RESOURCES

September 29, 2026

Chancellors
Academic Council Chair Scott

Dear Colleagues:

Enclosed for a 45-day Systemwide Comment period is the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. I seek your input and advice on the Task Force recommendations, as summarized in the accompanying cover letter from the Task Force co-chairs and supported by the Report text and appendices.

I ask that the Chancellors, in collaboration with the administrators copied herein, ensure distribution of the systemwide comment letter, Co-Chair Cover Letter, and Report to all faculty across UC's 21 health professional schools, spanning all health professions (Academic Senate and non-Academic Senate), and to appropriate administrators across the system, offering an opportunity for feedback and comments. Similarly, I ask that Academic Council Chair Scott distribute the Co-Chair Cover Letter and Report to all Academic Senate faculty for systemwide review, feedback, and comments. Faculty and administrators should submit their comments directly to the Office of the President's Systemwide Academic Personnel office at SystemwideAP-PolicyReviewComments@ucop.edu.

As the University of California's health enterprise has grown, the growth in some faculty series, notably the Health Sciences Clinical Professor series has raised questions about how to best integrate clinical faculty into University governance. Faculty in the Clinical X, In-Residence, and Ladder-rank series are members of the Academic Senate. However, the majority of clinical faculty are in the Health Sciences Clinical Professor series, which is not a faculty series in the Academic Senate.

Non-Academic Senate clinical faculty requests for a role in shared governance were noted in a 2020 task force report. To begin to address these concerns, a Special Committee on Health Sciences and Clinical Affairs was then formed. From 2024 through 2025, under then-President Michael Drake's tenure, non-Academic Senate clinical faculty, Academic Senate leadership, and UC's health science schools proposed various approaches to expand access to University governance for clinical faculty. However, the issue remains largely unresolved to this day.

In early June 2026, I charged a Presidential Task Force on Clinical Faculty Representation in Governance, co-chaired by UC Irvine Chancellor Howard Gillman, Ph.D., and UCLA Professor in Residence of Medicine and Health Policy and Management Michael Ong, M.D., Ph.D., to continue that work focusing their review on what governance model(s) could provide greater representation for clinical faculty and is well-suited to the University of California. The Task Force members reflect a diverse

group of individuals, including representation from the Academic Senate, Academic Affairs, UC Health, UC Medical Center leadership, campus leadership, and UC health science schools. The Task Force delivered the attached Report to me on August 28, 2026.

I want to thank the Task Force members who committed themselves to working together to develop this Report and its clear recommendations and also the Office of the President's Systemwide Academic Personnel, UC Health, and UC Legal who supported the effort.

Systemwide Comment

This Systemwide Comment period is modeled on the full review mandated for Academic Personnel Manual Policy changes and includes a 45-day comment period. Comments should be submitted by **Monday, November 16, 2026**. Please submit your comments to SystemwideAP-PolicyReviewComments@ucop.edu. If you have any questions, please contact Systemwide Academic Personnel Deputy Provost Amy Lee at Amy.Lee2@ucop.edu.

Sincerely,

James B. Milliken
President

Enclosures: Co-Chair Cover Letter and Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

cc: Task Force Co-Chair Dr. Ong
Interim Provost and Executive Vice President Hexter
UC Health Executive Vice President Rubin
Provost and Executive Vice Chancellors
Academic Council Vice Chair Nuru-Jeter
Vice President and Chief of Staff Kao
Chief Policy Advisor McAuliffe
Deputy Provost Lee
Associate Vice President McRae
Executive Director Lin

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September 24, 2026

PRESIDENT JAMES B. MILLIKEN

Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Dear President Milliken,

As co-chairs to the Presidential Task Force on Clinical Faculty Representation in Governance, we submitted the Task Force Report to you on August 28, 2026. We are submitting to you an updated co-chair cover letter highlighting key issues in the Task Force deliberations, Report and its Appendices. The Report reflects extensive discussion and thoughtful deliberation among Task Force members, who met five times between June 11, 2026, and August 18, 2026.

Key Issues in the Report

In developing its recommendations, the Task Force relied on the principle that clinical practice/academic health sciences are essential to UC's teaching/mentoring mission, the advancement and creation of new knowledge, and is a University/public service. This principle informed the following five recommendations, which will support and expand clinical faculty participation in the governance of their workplace through existing Academic Senate structures and will also provide a meaningful systemwide voice for clinical faculty who are outside the Academic Senate.

In formulating the five recommendations, Task Force members agreed that each recommendation should be grounded in guiding principles. The members agreed that when faculty are required to be fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates, they should have a role in the formal shared governance of the University through the Academic Senate.

The criteria and requirements for each faculty series are reflected in the Academic Personnel Manual (APM - 210).[1] In evaluating the requirements and standards for each faculty series in the APM, the Task Force noted that faculty in the Ladder-rank, In-Residence, Clinical X, and Professor of Teaching series are required to engage substantively in all areas of the academic mission and are evaluated separately on their

[1] The criteria and requirements for each faculty series in the APM were developed and issued following collaboration and consultation with the faculty members who were in the respective series.

teaching, research/scholarly/creative activities, University and public service, and professional competence and activity, and thus, appropriately have a role in the formal shared governance of the University through the Academic Senate.

Pursuant to the requirements in the APM, faculty in the Health Sciences Clinical Professor series require exemplary performance in teaching and professional competence, and their activities in scholarly/creative activity and University/public service are derived from their primary responsibilities in clinical teaching and patient care services, and thus shall be appropriately weighted and broadly defined to take into account the primary emphasis on clinical teaching and patient care services. Scholarly or creative activities for faculty in the Health Sciences Clinical Professor series are to be evaluated in the context of the faculty's academic and professional responsibilities and the time available for creative activity. Unlike the Clinical X and Professor of Teaching series, the contributions do not need to be significant, sustained, or consistent, and do not need to be evaluated as separate and distinct from their clinical teaching or clinical practice. Pursuant to the requirements in the APM, faculty in the Adjunct Professor series may predominantly engage in research/creative work or may predominantly engage in teaching, depending on the individual appointee.

The Task Force therefore concluded that while there is no requirement in the APM that clinical faculty in the Health Sciences Clinical Professor and Adjunct Professor series be fully engaged in the comprehensive mission of the University and be evaluated separately on each area, the members nevertheless unanimously agreed that all clinical faculty make significant and important contributions to the University's academic mission and should have access to and participate in systemwide and campus processes of shared governance (e.g., Academic Senate and non-Academic Senate committee participation as described in the report) to advise and deliberate on matters that are important to their employment at the University of California and their professional work environment.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.

Based on the guiding principle that if a faculty series is required to be fully engaged in the comprehensive mission of the University and must be evaluated separately on each area, the Task Force concluded that there are valid reasons to reconsider the current cap on the Professor of Clinical X series. The Clinical X series is currently an Academic Senate faculty series and is the only Senate faculty series required to be held to a limit by policy, unless the Chancellor either increases or removes the cap, following divisional Academic Senate review and consultation.

During Task Force deliberations, members noted Regents Standing Order 105.1 provides, "Members of the faculties of professional schools offering courses at the graduate level only shall be members also of the Academic Senate, but, in the discretion of the Academic Senate, may be excluded from participation in activities of the Senate that relate to curricula of other schools and colleges of the University."

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

The Task Force concluded that requiring 100% employment, except through an individual exception process, for the Professor of Clinical X series is not conducive to a family-friendly and inclusive work environment. Many employees, regardless of gender or background, serve in caregiving roles and require flexible working arrangements to fulfill both their professional and personal responsibilities. The Task Force noted that the current exception process must be navigated on an individual basis and may affect whether faculty who otherwise meet the criteria for the Clinical X series are appointed in a Senate faculty series. The recommendation would establish a blanket exception, which the Chancellors currently have the authority to issue under the APM, while retaining the requirement that the faculty member's sole professional commitment be to the UC, which is also an APM policy requirement. Currently, the APM policy that applies to the Health Sciences Clinical Professor series allow for full-time or part-time appointments, while the Clinical X series requires that an individual exception process be initiated for a part-time appointment.

An individual exception process is also required for all other faculty series in the Academic Senate and Chancellors may want to similarly consider a blanket exception for other Senate faculty series. However, the Task Force's recommendation in the Report related to the Clinical X series only because the Task Force narrowly focused on faculty who may have been appointed in the Health Sciences Clinical Professor series rather than the Clinical X series due to the Task Force charge focusing on clinical faculty.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

During the Task Force deliberations, the Task Force found that although the different performance requirements and evaluation standards for each faculty series are set forth in the APM, there are sometimes misunderstandings among faculty in the different series as to what qualifies as scholarly or creative activities for the different series. The Task Force, therefore, concluded that each campus should adopt a process for implementing Recommendation #3 that works best for them, with input and support secured from non-Academic Senate clinical faculty, as to advancement and promotion processes for non-Academic Senate clinical faculty only.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

As the Task Force evaluated the issues and principles underlying Recommendations #1-3, the members concluded that some faculty may be misclassified in their current faculty series. The Task Force, therefore, recommends that each location establish a timely and efficient re-classification process for faculty who may be misclassified if they are required to perform all the duties of another faculty series, or they are not required to perform all duties of their own series.

In its deliberations, the Task Force noted that the current reclassification process at most campuses requires an open recruitment to be conducted. The Task Force concluded that the requirement of an open recruitment process could be waived by the Chancellor who has authority to do so per policy, provided that a review process of the faculty member's duties confirms they are indeed misclassified in the wrong series. Each campus should have the flexibility to determine the specific reclassification process for receiving and reviewing files, with guidance from the Office of the President, and in compliance with applicable laws and policies.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.

In 2024, Academic Senate leadership proposed the formation of a systemwide Special Committee of the Academic Council, with a local counterpart that aligns with local governance structures, to provide a structure unique to UC for treating all faculty in the health sciences (Academic Senate and non-Academic Senate faculty) as partners. The Task Force agrees with this model and envisions that the systemwide Special Committee would convene meetings and invite leaders from Academic Affairs, UC Health, Academic Senate, the Medical Centers, and other offices to join, as needed. The systemwide Special Committee would include a clinical faculty representative from each Health campus and would have a local structure as well.

While the entire University community has an opportunity to submit comments during systemwide review of draft revisions to University policies, including the APM, there is no established systemwide structure for non-Academic Senate clinical faculty to consolidate clinical faculty feedback and comments. The Academic Council has an established structure for Academic Senate members to submit and consolidate comments in response to systemwide review of policies. The Task Force envisioned the systemwide Special Committee would provide a structure for providing comments and feedback from non-Academic Senate clinical faculty on University policies.

The proposed structure, membership, voting arrangements, and three-year review process are described in the Report.

In conclusion, we thank the members of the Task Force for their dedicated work and service in formulating recommendations that recognize the important contributions of all clinical faculty to the University of California's mission.

Sincerely,

Howard Gillman
Chancellor
UC Irvine

Michael K Ong
Professor in Residence
UCLA

Attachment: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

cc: Task Force Members
Systemwide Academic Senate Chair Scott
Systemwide Academic Senate Vice Chair Nuru-Jeter
Vice President and Chief of Staff Jenny Kao
Chief Policy Advisor Marisa McAuliffe
Deputy Provost Lee
Associate Vice President Deena McRae
Senior Strategic Advisor Bernstein

Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Executive Summary and Overview

Clinical faculty in academic health at the University of California are essential to the teaching/mentoring mission, the advancement and creation of knowledge, and University/public service; they occupy a special place in higher education with unique functions and responsibilities. In health sciences education, the orientation to clinical practice (essential to the teaching function) requires an emphasis on sophisticated patient care, in addition to an emphasis on research/scholarly achievements and the advancement of knowledge. In medicine, dentistry, nursing, pharmacy, veterinary medicine, and other health sciences education, clinical teaching is integrated with basic and applied research. The University of California is committed to excellence in instruction, research/scholarly achievements, and public service in the health sciences just as it is committed to the same goals in all other academic disciplines. As a public university in California authorized to grant professional doctoral degrees in the health sciences, the University has a responsibility to maintain the breadth and depth of its curricula, the creativity of its research/scholarly efforts, and the quality of its health care services. To ensure the level of excellence essential in the University of California, special effort must be exerted to recruit and retain the best and most dedicated clinical faculty.

The growth of the University of California's health mission has raised issues on how best to integrate clinical faculty into University governance. The Presidential Task Force on Clinical Faculty Representation in Governance ("Task Force"), co-chaired by UC Irvine Chancellor Howard Gillman, Ph.D., and UCLA Professor in Residence of Medicine and Health Policy and Management Michael Ong, M.D., Ph.D., was convened by UC President James B. Milliken in June 2026. The Task Force was charged (*see* Appendix A for the Task Force Charge) to focus their work on what governance model(s) provide greater representation for clinical faculty and is best suited for the University of California.

The Task Force met five times from June through August, including at an all-day in-person convening, culminating in the delivery of a final report to President Milliken on August 28, 2026. The Task Force members reflect a diverse group of individuals, including representation from the Academic Senate, Academic Affairs, UC Health, UC Medical Center leadership, campus leadership, and UC health science schools as well as support from Systemwide Academic Personnel, UC Health, and UC Legal.

Pursuant to the charge from President Milliken, the Task Force evaluated different governance models and in determining what is best suited to the University of California, the Task Force formulated its recommendations within the existing governance structure of the University and how the Academic Senate is organized through its established bylaws and regulations, as fundamental reorganization of the current governance structure at the University did not seem warranted or possible. In considering avenues to provide greater representation for clinical faculty, the Task Force first recognized that clinical faculty in the Clinical X, In-Residence, and

Ladder Rank series are already engaged in shared governance as members of the Academic Senate. However, the majority of clinical faculty are in the Health Sciences Clinical Professor series (HSCP) and do not participate in shared governance through the Academic Senate. The number and percentage of faculty in each academic series are provided in Appendix B.

The Task Force was charged with evaluating the differing roles, responsibilities, and evaluation criteria across UC faculty series to recommend a governance model that ensures appropriate representation among faculty. In doing so, the Task Force established the following guiding principle that serves as the foundation for its recommendations: faculty who are fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates should have a role in the shared governance of the University through the Academic Senate. In addition, the Task Force believes that clinical faculty, both Academic Senate and non-Academic Senate, should have access to a systemwide committee to advise and deliberate on systemwide matters.

This guiding principle led to the following task force recommendations, which will support and expand participation by clinical faculty in the governance of the University of California through the Academic Senate and will also provide a meaningful systemwide voice for clinical faculty who are not in the Academic Senate:

1. Remove the 1/6 cap on the Professor of Clinical X series.
2. Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.
3. Engage campus Committees on Academic Personnel (CAP) on the review criteria for the different clinical disciplines and different faculty series to provide clarity and consistency. Include representation from clinical faculty series on clinical faculty reviews.
4. Establish a timely and efficient re-classification process at each location for faculty who are currently misclassified in their faculty series appointment.
5. Implement a systemwide Special Committee and divisional committees/local counterparts that align with local governance structures to provide clinical faculty (Academic Senate and non-Academic Senate) with an avenue for advising Academic Affairs, UC Health, UC medical centers, and other offices on priorities, operations, and policies. A special committee of the Academic Council at the systemwide level should be created to facilitate access to, and participation in, Academic Senate committees, thus establishing a formalized structure to provide advice on systemwide matters.

Background on Roles and Responsibilities Across Different Faculty Series

The Regents recognize that faculty participation in the shared governance of the University of California through the agency of the Academic Senate ensures the quality of instruction, research, and public service at the University and protects academic freedom. Under Regents Bylaw 40.1:

> The Regents recognize that faculty participation in the shared governance of the University of California through the agency of the Academic Senate ensures the quality of instruction, research and public service at the University and protects academic freedom. The Academic Senate shall perform such duties as the Board may direct and shall exercise such powers as the Board may confer upon it. The Academic Senate, subject to the approval of the Board, shall determine the conditions for admission and for certificates and degrees, and recommend to the President all candidates for degrees. The Academic Senate shall authorize and supervise all courses and curricula, except in the Hastings College of the Law, in professional schools offering work at the graduate level only, and over non-degree courses in the University Extension. No change in the curriculum of a college or professional school shall be made by the Academic Senate until such change shall have been submitted to the formal consideration of the faculty concerned. The Academic Senate may select committees to advise the President and Chancellors on campus and University budgets and, through the President, or to the Regents directly by a formal Memorial, may address the Board on any matter pertaining to the conduct and welfare of the University.

Currently, among the different faculty series, the Professor - Ladder-rank, Professor of Teaching, Professor in Residence, and Professor of Clinical X series are in the Academic Senate. There are faculty in all these series who are in the health sciences. The Health Sciences Clinical Professor (HSCP) series (all are clinical faculty) and Adjunct Professor series (some are clinical faculty) are policy-covered faculty that are not in the Academic Senate. Lecturers are teaching-only faculty who are represented by a union and are covered by a collective bargaining agreement.

As background, the table in Appendix B summarizes the different series and their requirements as set forth in the Academic Personnel Manual (APM), which are the personnel policies that apply to faculty. A more detailed description of each series and their requirements is also provided in Appendix B.

Task Force Recommendations

In developing its recommendations, the Task Force relied on the foundational principle that clinical practice/academic health sciences are essential to the teaching/mentoring mission, the advancement and creation of knowledge, and is a University/public service. The criteria by which clinical faculty contributions are evaluated should reflect the unique functions and responsibilities of academic health. These criteria are reflected in the Academic Personnel Manual (APM 210) and are set forth in Appendix B.

The Task Force members generally agreed that not all academic appointees, including faculty, should be in the Academic Senate and engage in the formal shared governance of the University, though this was not unanimous. Members agreed that when faculty are fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates, they should have a role in the shared governance of the University through the Academic Senate.

The Task Force determined that faculty within the HSCP series have significant heterogeneity of roles. As such, there are faculty currently within the HSCP series who meet the qualifications of faculty in the In-Residence, Clinical X, and Professor of Teaching series, and thus, should participate in shared governance through the Academic Senate. Faculty whose role is limited to the important responsibility of patient care without contributions to teaching, research/scholarly/creative activities and service outside of their health system's clinical focus do not meet the qualifications expected of members of the Academic Senate and need an alternate strategy for having a voice in decisions that impact the important work they do.

The Task Force concluded that all clinical faculty make significant contributions to the University's academic mission and should have access to and participate in systemwide and campus/divisional Senate committees to advise and deliberate on matters that are important to their employment at the University of California and their professional work environment. In addition, the Task Force concluded that there are some faculty across the system who are currently misclassified as they are required to perform all the required duties of another faculty series, or they are not required to perform all required duties of their own series and may be more appropriately in a different title.

Based on those foundational principles, the Task Force submits the following recommendations:

1. **Recommendation #1:** Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.

The University of California governance structure has served it well for over a century, particularly shared governance with its faculty through the Academic Senate. Over time and with the growth of University of California Health missions, new faculty series have been introduced. For some faculty series, such as the Professor of Clinical X series, restrictions were placed on the number of total faculty that could be in those series. All Academic Senate faculty are expected to contribute to three missions of the University of California: (1) teaching and mentoring; (2) research, scholarly, and/or creative work; and (3) University and public service. All Academic Senate faculty, including clinical faculty, are also expected to engage in professional competence and activity.

The Task Force concluded that although the 1986 Academic Senate Memorial placed a ceiling on the number of faculty in the Professor of Clinical X series, there is no reason to limit the number of faculty appointed in the Clinical X series when they are required to engage in all areas of the academic mission, are required to be separately reviewed on all four areas of contribution, and

their sole professional commitment is to the University and its academic affiliates. The relevant existing policy provisions (APM 275-16.f) provide that:

> (1) In order to maintain an appropriate balance in the health sciences schools between research and education and clinical service, the Chancellor, in consultation with the Senate, may establish a quota on the number of appointments in this series. If so desired, a quota may be set for each school or department.
>
> (2) If the number of appointees in the series exceeds 1/6 of all local Academic Senate members in all the clinical departments on the campus, a Senate committee will review the appropriateness of adding new members to the Professor of Clinical (e.g., Medicine) series. For purpose of calculating the 1/6 ratio, current appointees to the Professor of Clinical (e.g., Medicine) series are to be included in the number of all Senate members, and all Emeriti Senate members are to be excluded.

Currently, UC Davis and UCSF have no cap on the number of faculty in the Professor of Clinical X series. Since there is no cap at these two campuses, there is a much greater proportion of faculty in the Professor of Clinical X series than there are at the other campuses. UC Irvine and UC Riverside currently do not have a specified upper limit on the number of faculty in the Clinical X series, while UCSD increased their limit from 33.3% to 50% as of AY2026-27 and UCLA's cap is at 20%.

The Task Force recommends that all campuses should lift the cap, if they have not done so already, following a divisional Academic Senate review and consultation process. Any corresponding APM revisions can be made at a later date.

2. **Recommendation #2:** Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

The Task Force recommends that each Chancellor issue a blanket exception that faculty in the Clinical X series may be appointed at 80%-100% time as long as the appointee's sole professional commitment is to the University and its academic affiliates. Currently, APM 275-16 provides that "an appointee holding a title in this series either must be a full-time academic employee of the University, or be certified by the Chancellor that the appointees' sole professional commitment is to the University." Under current policy, the Chancellors have the authority to issue a blanket exception if there is confirmation of the faculty member's sole professional commitment to the University and its academic affiliates, which faculty already are required to submit through their outside professional activities annual reporting. Then, any corresponding revisions to the APM can be made at a later date.

3. **Recommendation #3:** There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

The campus Academic Senate Committees on Academic Personnel (CAP) should (1) be sensitive to and continue to be familiar with the different review criteria for the different clinical disciplines and different faculty series and should designate an advisor who is in the particular faculty series under review to advise on the review, (2) nominate and include non-Academic Senate faculty members in the review committees for non-Academic Senate clinical faculty reviews, and/or (3) establish a separate clinical Committee on Academic Personnel that include both Academic Senate and non-Academic Senate clinical faculty members.

Each Academic Senate Division should determine what process works best for them, with input and support secured from non-Academic Senate clinical faculty, as to advancement and promotion processes for non-Academic Senate clinical faculty. Systemwide guidance from the Office of the President's Systemwide Academic Personnel and Faculty Affairs and Academic Programs offices should be provided, consistent with the requirements in the Academic Personnel Manual, which are briefly summarized in Appendix B to this report.

4. **Recommendation #4:** Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

The Task Force believes the barriers that impede the assignment of clinical faculty to the Clinical X series, even when their work is compatible with the Clinical X series, have resulted in mis-assignment of Clinical X-qualified faculty to the Clinical faculty series. As such, we recommend that current restrictions on the number of Clinical X series faculty be removed (Recommendation #1) and that Clinical X faculty be allowed to work 80%-100% effort (Recommendation #2).

As a result of the above restrictions, the Task Force identified that there are some faculty in the HSCP and Adjunct Professor series who may be misclassified and should have been appointed in the In-Residence, Clinical X, or Professor of Teaching series. As the Task Force evaluated the different faculty series, it also became apparent there may be some clinical faculty who are engaging in patient care only, without engaging in the other missions of the University.

The Task Force recommends that campuses identify a pathway and timely process for individuals who are misclassified in a faculty series to be reclassified into the appropriate faculty series that reflects the work they are required to perform. Each campus should have the flexibility to determine the specific reclassification process they will use for receiving and reviewing files, with guidance from the Office of the President's Systemwide Academic Personnel office, Faculty Affairs and Academic Programs office, and UC Legal. The reclassification process (e.g., via open pool recruitments or reclassification at reappointment, academic review, or other appropriate time) should be implemented in a timely and expeditious manner at each location.

5. **Recommendation #5:** Implement the Formation of a Special Committee of the Academic Council

In 2024, Academic Senate leadership proposed the formation of a systemwide Special Committee of the Academic Council ("Special Committee"), with a divisional committee or local

counterpart ("local counterpart") that aligns with local governance structures, to provide a representation structure unique to UC, treating all faculty in the health sciences, including faculty in the HSCP series and the Adjunct Professor series, as partners. Although neither the local nor the systemwide committee would confer Academic Senate membership, it leverages existing Academic Senate structures and provides all clinical faculty (Academic Senate and non-Academic Senate) an avenue to have a voice in systemwide, academic, operational, and clinical matters. Task Force members agree that these committees, particularly the systemwide committee, are an important step in elevating clinical faculty voices.

This systemwide Special Committee, and the local counterparts, are intended to provide inclusive support for all faculty in the health sciences by engaging the growing clinical workforce, enhancing governance, facilitating campus and systemwide interactions, and promoting clinical faculty wellness. Through the Special Committee, clinical faculty will have an avenue for advising Academic Affairs, UC Health, and UC medical centers on systemwide priorities, operations, and policies, in addition to facilitating access to Academic Senate committees, and establishing a formalized structure to provide feedback on systemwide policies.

Below is the proposed organizational structure:

Membership of the Special Committee would consist of one or more clinical faculty representatives from each campus with a health enterprise or health science school with clinical activity, an at-large chair and vice chair, and other at-large and ex-officio members who may be clinical or non-clinical faculty. The Special Committee would be inclusive of clinical faculty in both non-Academic Senate (HSCP and Adjunct Professor series) and Academic Senate (Clinical X, In-Residence, Professor of Teaching, and Ladder) series appointees. In addition, the local counterparts will include advising campus health enterprise administrators on priorities, operations, and policies related to academic and clinical activities and liaising with the systemwide Special Committee and coordinating with relevant Academic Senate committees.

Non-Academic Senate clinical faculty on the Special Committee and its local counterparts should serve with full voting rights by exception or through divisional Academic Senate bylaw amendments, consistent with divisional policies. In addition, the Task Force recommends that there be a clinical faculty representative (members of the Special Committee and divisional committees) to the relevant Academic Senate committees (e.g., Faculty Welfare, Planning and Budget, Task Force on Investments and Retirement, Health Services Task Force, and Academic Personnel).

The Task Force recommends that the Special Committee and the local counterpart structure should be reviewed in three years to determine if this model sufficiently captures the expertise and voice of clinical faculty at the local and systemwide levels, as well as whether it proves helpful in improving the well-being and roles of clinical faculty related to both the academic and clinical missions.

Fiscal Impact

The fiscal impact is comprised of the budget, staff, and faculty time for the new committees at systemwide and local-levels; faculty and staff time associated with conducting the academic reviews for reclassification; each divisional Academic Senate and the systemwide Academic Senate may need additional staff FTE to support these committees, and costs associated with systemwide meeting travel expenses. There may be additional costs associated with the reclassification of faculty to their correct series if there are salary differences.

Appendices

Appendix A: Task Force Membership and Charge

Task Force Charge

Peer institutions have encountered similar questions as the scale and complexity of academic health systems have increased, prompting corresponding adaptations to faculty governance structures. This task force is asked to review and evaluate these models and assess their potential usefulness to the University of California. Based on this assessment, the task force may recommend one or more existing approaches or propose alternative models for consideration.

Key Questions:

The task force shall address the following key questions, with the understanding that additional questions might arise with further inquiry and discussion:

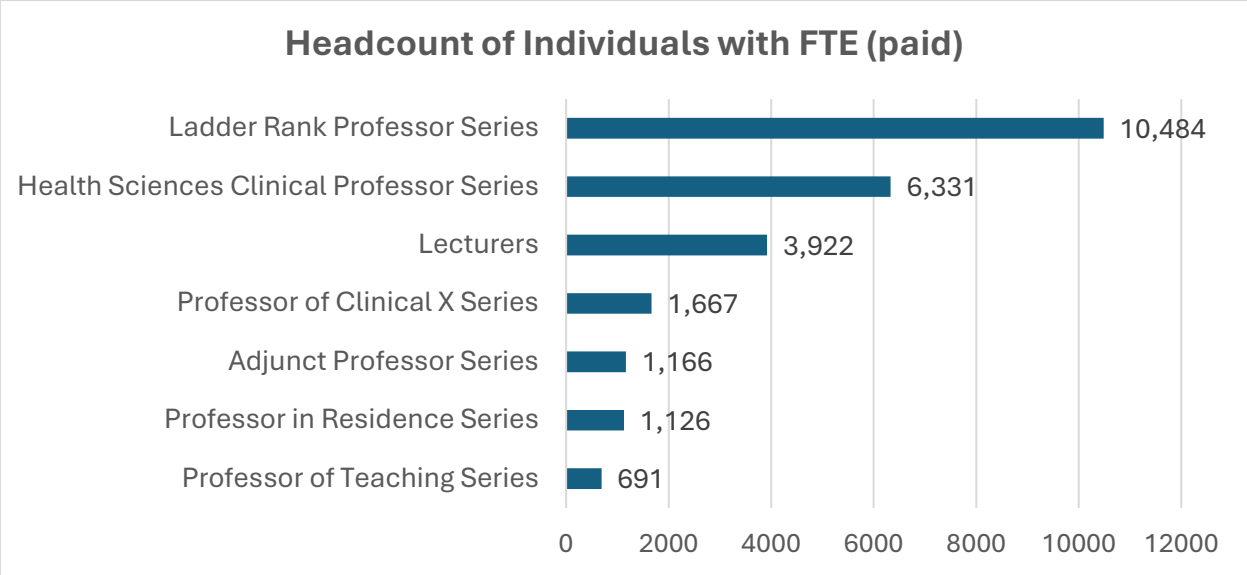
- What governance model is best suited for the University of California?
- In light of differing roles, responsibilities, and evaluation criteria across UC faculty series, how might a governance model be designed to ensure appropriate balance and representation among the faculty?
    - If such balance can be achieved in a single governance body, how would that be achieved?
    - If not, how might multiple or separate bodies achieve this objective?
- To what extent would potential governance models under consideration support meaningful participation by clinical faculty in matters of importance to UC Health?
    - Any proposed model should be described in sufficient detail to enable evaluation through systemwide review processes.
    - What resources would be required to implement the recommended model(s), and what potential funding sources should be considered?

Appendix B: Faculty Composition and Background on Academic Senate Membership

Requirements by Faculty Series

	Ladder Rank – Professor Series APM 220	Professor In Residence Series APM 270	Professor Clinical X Series APM 275	Professor of Teaching Series APM 285	HS Clinical Professor Series APM 278	Adjunct Professor Series APM 280	Lecturers Unit 18 CBA
Teaching	✓	✓	✓ (primary)	✓ (primary)	✓ (primary)	✓ (may be primary and heavily weighted more than other duties)	✓
Research/Creative Activity	✓	✓				✓ (may be primary and heavily weighted more than other duties)	
Scholarly Achievement/Creative Activity			✓	✓ (and/or)	✓		
Professional Competence and Activity	✓	✓	✓ (primary - clinical)	✓ (and/or)	✓ (primary - clinical)	✓	
University and Public Service	✓	✓	✓	✓	✓	✓	
Eligible for Tenure	✓						
Academic Senate Membership	✓	✓	✓	✓			
Percent Time	100%	100%	100% or WOS	100%	0-100%	0-100%	0-100%

Below is the headcount of paid appointments in each faculty series:[1]



According to the standards set forth in the APM, faculty in the Professor of Clinical X series and in the Professor of Teaching series are required to have exemplary performance in all areas of the academic mission, with teaching excellence and professional competence and activity weighted more heavily. Faculty in the HSCP series require exemplary performance in teaching and professional competence, and their activities in scholarly/creative activity and University/public service are derived from their primary responsibilities in clinical teaching and patient care services. The scholarly/creative activity and University and public service are broadly defined to take into account the primary emphasis on clinical teaching and patient care services. Faculty in the Adjunct Professor series may predominantly engage in research/creative work or may predominantly engage in teaching.

APM 210-1 requires that faculty in the Ladder-rank Professor series and In-Residence series engage in research or creative work, with research being the creation of new knowledge in the discipline. The resulting work must appear as published research subject to peer-review, including through journal articles, books, conference papers, and other research products. Creative activity is the contributions by faculty members to the professional literature or to the advancement of professional practice or professional education, when they present new ideas or original scholarly work. As noted in APM 210-2.b.3, "Many faculty in the health sciences devote a great proportion of their time to the inseparable activities of teaching, mentoring, and clinical service and, therefore, have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work."

[1] There are also approximately 3,000 faculty in the Health Science Clinical Professor series who have the Without Salary designation because they are paid by an academic affiliate such as VA hospitals and county medical centers. There are also approximately 2,200 staff physicians (MSP) systemwide who are engaged in patient care only and are not faculty.

For a faculty member in the Clinical X series to be appointed or promoted to the Associate or full Professor rank, the faculty member must make a significant contribution to knowledge and/or practice in the field. The appointee's creative work must be disseminated, for example in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice that have been adopted elsewhere. In addition to publications, faculty in the Clinical X series may show evidence of scholarly activities in clinical case reports, clinical observations, improvements in the practice of health care, the development of innovative programs in health care, transmitting knowledge associated with new fields or other professions, and the development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences.

Similarly, appointment or promotion to the Associate Professor of Teaching title requires evidence of sustained professional and/or scholarly achievement and activity and appointment or promotion to the full rank requires evidence of consistent and sustained professional and/or scholarly achievement and activity, which includes original materials designed to improve learning outcomes, evidence-based design and evaluation of educational curricula or pedagogy, administration and evaluation of a teaching program or a learning center, systematic quality improvement programs and evaluation of their implementation, discipline-specific information systems, development and evaluation of community outreach or community-oriented programs, authorship or scholarly or professional publications, accomplished performance, artistic, or literary creation, and seminars or lectures at other institutions or before professional societies.

Scholarly or creative activities for faculty in the HSCP series are to be evaluated in the context of the faculty's academic and professional responsibilities and the time available for creative activity. To be appointed or promoted to the Associate Professor or Professor rank in this series, the individual's record is expected to demonstrate contributions to scholarly, creative, or administrative activities. Unlike the Clinical X and Professor of Teaching series, the contributions do not need to be significant, sustained, or consistent, and do not need to be evaluated as separate and distinct from their clinical teaching or clinical practice. Evidence may include, but is not limited to, the following examples of such activity: participation in platform or poster presentations at local, regional, or national meetings; development of or contributions to educational curricula; development of or contributions to administration of a teaching program; participation in the advancement of professional education; participation in research, not necessarily as primary or independent investigator; first, senior, or collaborative authorship of peer-reviewed research papers; publication of case reports or clinical reviews; development of or contributions to administration (supervision) of a clinical service or health care facility; development of or contributions to clinical guidelines or pathways; development of or contributions to quality improvement programs; development of or contributions to medical or other disciplinary information systems; participation in the advancement of university professional practice programs; development of or contributions to community-oriented programs; or development of or contributions to community outreach or informational programs.

The issuance letter for APM 278 and APM 210-6 (the HSCP series), stated as follows: “The evidence required to establish research or creative accomplishment is a continuum based on series expectations, from minimal engagement in the non-Senate Health Sciences Clinical Professor series, where creative activities are subordinate to teaching and clinical service, to the Professor of Clinical X series, where intellectual contributions are significant components of a dossier for Senate-series clinical educators, to the Ladder-rank Professor series and the Professor in Residence series, where research or creative activities and achievement are a fundamental component of a dossier for a Senate-series appointment. Health Sciences Clinical Professors are faculty whose primary duties are clinical teaching and clinical practice within the health sciences professions who are expected to engage in scholarly or creative activity in the context of clinical duties and in University and public service.”

In APM 210, which sets out the review criteria for the different faculty series, the Professor of Clinical X series and the Professor of Teaching series are required to exhibit exemplary performance in all areas but for the Clinical X series and the Professor of Teaching series, excellent teaching and professional competence and activity will be more heavily weighted than scholarly/creative achievements and University/public service, though all areas will be evaluated separately. With respect to the HSCP series, activities in scholarly/creative activity and University and public service are derived from their primary responsibilities in clinical teaching and patient care services, and thus shall be appropriately weighted and broadly defined to take into account the primary emphasis on clinical teaching and patient care services. That means that the HSCP series may demonstrate creative or scholarly agenda in other ways that are related to the specific discipline and clinical duties.