Welcome to the fall 2010 Faculty-to-Faculty newsletter. The Faculty Executive Committee represents the faculty and has been working hard to ensure that the voices and opinions of all faculty members receive equal hearing and consideration. The FEC has recommended two sets of bylaw changes important to the School of Medicine. The first will facilitate the work of the Committee on Student Progress. The second set of proposed bylaw changes will permit more active involvement of non-Academic Senate faculty in School of Medicine governance. This latter issue is particularly significant as it will address a long-standing issue of equity and fairness. These bylaw changes will be discussed at the upcoming fall general faculty meeting.

STUDENT PERFORMANCE
The Committee on Student Progress provides oversight of student performance for all four years of the curriculum. This important committee must address not just academic issues (e.g., students with failing grades) but also behavioral performance. The proposed bylaw changes will help to clear up some ambiguities in the current bylaws related to procedures of handling students who have deficiencies.

NON-ACADEMIC SENATE FACULTY
Most of the faculty in the School of Medicine are members of the Academic Senate with full voting rights on Academic Senate committees and at general faculty meetings. Some faculty, including those in the Health Sciences Clinical Professor series and Adjunct faculty, are not part of the Academic Senate. These two groups represent about 25% of the total faculty in the School of Medicine. There are differing proportions of non-Academic Senate faculty at other medical schools in the UC system (Table 1). Of equal concern is the variation across departments in the UC Davis SOM, with at least one department having over 65% of their faculty in a non-Academic Senate series.

Faculty Executive Committee 2010-2011
Joseph Antognini, M.D., M.B.A., Chair
Peter Yellowlees, M.B.B.S., Vice Chair
Vijay Khatri, MBChB, Secretary
Kimberly Hardin, M.D., M.S.
Gary Leiserowitz, M.D.
John McVicar, M.D.
Sidney Scudder, M.D.
Colleen Sweeney, Ph.D.
Arthur Swislocki, M.D.
Richard Tucker, Ph.D.
Claire Pomeroy, M.D., M.B.A., ex officio
J. Douglas Kirk, M.D., FACEP, ex officio

Message from the Chair of the Faculty
Update: UC Retirement and Health Benefits
Saul Schaefer, M.D., Chair, UC Davis Faculty Welfare Committee

As I noted in the Faculty Meeting on May 26, the financial crisis of the state of California and the University of California threatens the University, its students, faculty and staff. As importantly, the underfunding of the university retirement system and the ongoing costs of the retiree health benefit threatens the viability of both benefits. Since the Spring, the Post Employment Benefits Task Force has made their report, along with a dissenting opinion. The report is being presented to President Yudof who will make recommendations to the Regents for adoption in a special December meeting.

Pension Benefits: The UC Defined Benefit Plan (DBP) legally guarantees a set of retirement benefits based on salary, years of service, and age at retirement. Until 20 years ago, the UC Retirement Plan trust was supported by the state, as well as contributions by employees and the employer (funds from clinical operations in many cases of health sciences faculty). Contributions were suspended at that time due to a fund surplus, and were only reinstituted on 4/15/2010. Due to the lack of contributions, as well as recent stock market performance, the plan is currently underfunded, and is projected to be vastly underfunded ($20 billion by 2014). This is due to the Actuarial Accrued Liability (AAL), to this date, of current retirees and employees.

The Post Employment Benefits Task Force has recommended that the AAL be addressed by borrowing from the STIP (Short term investments pool) and increasing amortization from 15 to 30 years (similar to taking out a longer mortgage). The Task Force also recommended 2 options (A and B): each involves raising the age of full benefits from 60 to 65, as well as increasing both employer and employee contributions. Notably, changes in benefit structure do NOT address the AAL, only the normal (ongoing) cost going forward. What is different in these plans from the current UCRP is that both employee contributions and calculation of benefits is linked to Social Security Covered compensation (SSCC); that is, below that level (currently ~ $60,000), the employee contribution as well as benefit is lower, and then increases to a maximum. For Option A, the contributions are 3.5% and 9.5% below and above SSCC, while the HAPC benefit rates are 1.5% and 3.0%, respectively. Option B has contribution rates of 4.0% and 8.2%, with benefit rates of 2.0% and 3.0% (each plan is limited to overall maximum benefit of 2.5%). As a first step, UC Regents have voted to increase employer and employee contributions to UCRP.

A dissenting opinion from Task Force members, supported by the Faculty Welfare Committee, endorsed Option C, otherwise known as “UCRP lite”, which retains the current UCRP structure, requires 6.1% contribution on all income, and provides 2.5% benefit on all income. Unfortunately, all plans results in decreased benefits for those making less than $120,000 per year.

For HAPC over $120,000, the benefits generally remain unchanged and the only differences from the current plan are: 1) increased age for full retirement benefits (65); 2) increased employee contributions (likely 6-8%); and 3) increased employer contributions (up to ~ 20% of payroll); these latter changes will results in less actual income. Finally, vested employees will likely have the option to remain in the current UCRP plan, albeit at a higher contribution rate.

Health Benefits: In contrast to pension obligations, health benefits for retirees are provided by UC but not guaranteed. They are funded from the current budget. As with pension benefits, a number of options have been proposed, but the likely result will be increased eligibility requirements such as vesting, and decreasing UC contributions to health insurance premiums (likely 70% contribution to premiums).

The PEB Task Force report and other documents can be found at:
http://universityofcalifornia.edu/sites/ucrfuture/task-force-inf/
Faculty Personnel Committee (FPC)
Richard Tucker, Ph.D., Chair, Faculty Personnel Committee

The School of Medicine’s Faculty Personnel Committee (FPC) reviews appointments, merits, promotions and appraisals that are delegated to the School by the University’s Committee on Academic Personnel. The recommendations of the FPC are forwarded to the Associate Dean for Academic Personnel. Delegated actions concern each faculty series in the Academic Senate and Academic Federation; the FPC sees all regular merits and appointments (except for relatively senior appointments into the Ladder Rank series) as well as promotions in the HSCP series.

In 2009-2010 the FPC made recommendations for 98 merits, 45 new appointments or appointments by change of series, 9 promotions, and 15 appraisals. The committee also reviewed 9 requests for accelerations of various types. Twenty-two recommendations concerned faculty in the Ladder Rank series, 17 the In-Residence series, 46 Clinical X, 18 Adjunct and 62 faculty in the HSCP series. The remaining actions concerned a few faculty in other Academic Federation series.

All appointments were recommended, though 8 were recommended at a different step than originally proposed (7 higher, one lower). The FPC voted in favor of 84 of the 98 merits (86%), and 7 of the 9 promotions (78%). The committee recommended only 3 of the 9 requests for accelerations (33%); of these, one was for a Ladder Rank faculty and two were for faculty in the Clinical X series. Of the appraisals, 8 were ‘positive’, 5 were ‘guarded’ and two were ‘negative’. In all, 150 recommendations were favorable and 26 were not. The Associate Dean of Academic Personnel followed most, but not all, of the recommendations.

The Faculty Personnel Committee meets twice each month for the entire academic year. The workload is relatively heavy in the spring and summer (especially April through July), and relatively light in the autumn and winter. It is composed of senior Academic Senate members from both clinical and basic sciences. Membership is for three years. If you would like to participate in the future, contact either the Associate Dean of Academic Personnel or me, the committee’s chair.
Faculty Forward is an initiative of the Association of American Medical Colleges (AAMC) launched to support participating schools of medicine in their efforts to improve organizational performance by understanding the drivers of faculty satisfaction and vitality.

In April 2009, 23 schools of medicine - nearly one-fifth of all U.S. medical schools - participated in the administration of the Faculty Forward survey. With nearly 10,000 respondents across 23 institutions, this survey administration delivers the largest and most comprehensive opportunity to date to study and benchmark U.S. medical school faculty satisfaction. In December 2009, each participant school received a comprehensive customized data report of the institution’s faculty work environments as perceived by full-time faculty. These results are also compared to selected peer institutions as well as to all cohort institutions, providing an understanding of the data in the context of other medical schools. UCDHS completion rate was 61.1% which placed us among the top nine schools in the national cohort.

### Population data and completion rates:

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<th>N at your school</th>
<th>Completion rates</th>
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<td>Basic Science</td>
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<td>Clinical</td>
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Our institution has formed a Faculty Forward Task Force to help the Office of Faculty Development review the breadth of our institutional data and present recommendations to the Vice Chancellor and Dean. The data results offer unprecedented diagnostic and comparative management insights, along with significant opportunities to explore targeted departmental and institutional interventions.

The Faculty Forward report is organized into nine primary domains or themes. The Office of Faculty Development together with the Task Force looks forward to recommending ways to communicate our Faculty Forward data that will inform and positively impact our continued growth and develop, and strengthen faculty satisfaction and vitality at UCDHS.

### Survey Themes

| Nature of Work | 24 |
| Climate, Culture, Collegiality | 19 |
| Collaboration/Mentoring/Feedback | 9 |
| Promotion | 13 |
| Compensation/Benefits | 13 |
| Recruitment & Retention | 10 |
| Governance & Operations | 15 |
| Clinical Practice | 12 |
| Global Satisfaction | 4 |

Questions? Contact the Office of Faculty Development at (916) 734-2464.
The standing committees of the faculty

**Admissions Committee:** Composed of members of Admissions Subcommittees: Steering, Policy, Screening, Selection, Interview, and Rural-PRIME. Reviews previous cycle, discusses goals, priorities, and deadlines.

*Chair: Don Hilty, M.D.*

- **Admissions Steering Subcommittee:** Oversight of admissions process; reviews progress of Selection Subcommittees; advises Selection Subcommittees; makes final recommendation for admission. Meets as needed.

- **Admissions Policy Subcommittee:** Assesses, reviews, and enhances admissions process; develops policies for primary and secondary screening of applicants. Meets as needed.

- **Admissions Screening Subcommittee:** Conducts primary screening; prioritizes applicants for interviews. Meets 3rd Thursday of each month.

- **Admissions Selection Subcommittee:** Taking into account all available information, ranks applicants for acceptance and submits ranking to the Steering Subcommittee. Typically meets twice each month between November and April.

- **Admissions Interview Subcommittee:** Conduct interviews and prioritize applicants for the Selection Subcommittees by following the policies and procedures developed by the Policy Subcommittee.

- **Admissions Rural-PRIME (Program in Medical Education):** Will screen, interview and prioritize applicants for the Selection Subcommittees by following the policies and procedures developed by the Policy Subcommittee. Applicants will need to be accepted for MD and Rural-PRIME criteria sets, with the Selection Subcommittees determining the former and the Rural-PRIME Subcommittees determining the latter.

**Committee on Education Policy:** Defines and implements goals, objectives, and structure of the curriculum; oversees curricula and evaluates course content; establishes teaching and student evaluation guidelines; recommends criteria for evaluation and promotion of students; and consults with Admissions Committee on the academic prerequisites for admission. New volunteers are asked to provide a brief summary of teaching involvement.

*Chair: Kenneth Beck, Ph.D.*

**Committee for Research Affairs:** Reviews applications for research support awarded within the SOM and UCDMC; reviews and selects candidates from medical classes or from the medical faculty for research awards.

*Chair: John Rutledge, M.D.*

*Co Chair: Sarah Yuan, M.D., Ph.D.*

**Committee on Student Progress:** Reviews and evaluates student progress; certifies promotion into years two, three, and four. The Committee has the authority to place a student on probation, establish the duration of probation, prescribe steps for remediation of performance deficiencies, remove student from probation, and to recommend dismissal. Members shall have contributed to the teaching of medical students.

*Chair: Hanne Jensen, M.D.*

**Health Sciences Library Committee:** This is a joint committee with the School of Veterinary Medicine. The committee recommends on acquisitions, operating policy, capital improvements and personnel of the Loren B. Carlson Health Science Library.

*Chair: Munashe Chigerwe, D.V.M, Ph.D. (Vet Med)*

**Honors and Awards Committee:** Develops and maintains effective system for distribution of honors and awards to students; selects recipients from the medical classes or medical faculty for specifically defined awards; and advises on criteria for the establishment of new awards. Membership limited to Academic Senate faculty.

*Chair: J. Anthony Seibert, Ph.D.*

**Research Space Advisory Committee:** Advises the Associate Dean for Research on the setting of policy for allocation of research space to the Faculty of the School of Medicine, both preclinical and clinical, and advises the Associate Dean for Research regarding the implementation of these policies.

*Chair: Kermit Carraway, Ph.D.*

**Research Space Allocation Appeals Committee:** Hears complaints and appeals of individual faculty members with regard to intra-departmental assignment of research space, and transmits findings and recommendations regarding such appeals to the Associate Dean for Research and the department chair.

*Chair: Carroll Cross, M.D.*

**Rules, Jurisdiction and Organization Committee:** Upon request, reviews recommendations of Committees of the Faculty in order to assure consistency with existing rules and regulations of the SOM; assures due process for consideration and adjudication of requests for grade changes; and acts as a committee to evaluate and recommend action on formal appeals of dismissal. Membership limited to Academic Senate faculty.

*Chair: Michael Syvanen, Ph.D.*

**Committee on Faculty Affairs:** Acts as an ombudsman; advises on publication matters such as plagiarism, censorship and right of authorship; advises in matters involving academic freedom; including issues related to discrimination; considers appeals and special problems relating to faculty appointments and promotions; and considers other matters pertinent to faculty welfare. Membership limited to full professors.

*Chair: Anthony Stone, M.D.*
Faculty Executive Committee: Summary of recent actions

June 2010
- Appointment of standing committee members
- Election and appointment of new FEC officers
- Introduction of new FEC members
- Recognition awards presented to outgoing FEC members
- Student learning experience presented by EAD Fred Meyers.

July 2010
- Initial discussions on the proposed bylaw changes of the Committee on Student Progress.

August 2010
- Further discussions on proposed bylaw changes of the Committee on Student Progress.
- Initial discussions on bylaw changes permitting non-academic senate faculty to vote on School of Medicine Standing Committees.

September 2010
- Voted to propose changes to bylaws that ‘streamline’ CSP activities and processes. Proposed changes will go to full faculty vote.

October 2010
- Hosted “Town Hall” meeting on Post-employment benefits with Provost Lawrence Pitts from Office of President and Robert Powell, Chair of the Davis Division of the Academic Senate.

General faculty meeting

Fall 2010 General Faculty meeting
Wednesday, October 27, 2010
5:30 p.m. – 7:00 p.m.
Education Bldg, Lecture Hall 1222
Sacramento campus
&
Genome Bldg, Room 6202 (new location)
Davis campus

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Website: www.ucdmc.ucdavis.edu/medschool/somsenate
Smartsite: https://smartsite.ucdavis.edu:8443/portal

Faculty Senate Website
To access FEC roster, standing committee Chairs list, standing committee membership list, standing committee descriptions, School of Medicine Bylaws, and archived Faculty-to-Faculty newsletters, please visit:
www.ucdmc.ucdavis.edu/medschool/somsenate

In addition, you can access General Faculty meeting minutes and FEC meeting minutes on SmartSite, using your Kerberos login and password, please visit:
https://smartsite.ucdavis.edu:8443/portal