About this newsletter

The purpose of this newsletter is to provide the faculty of the UC Davis School of Medicine information concerning shared governance and the actions and future projects of your Academic Senate Standing Committees and the Faculty Executive Committee. The newsletter will be published twice each year just prior to the spring and fall meetings of the General Faculty.

Message from the chair of the faculty

Welcome to the fall issue of Faculty-to-Faculty, the newsletter of your Faculty Executive Committee (FEC). I am honored to serve this year as FEC Chair, along with a talented and dedicated group of colleagues who serve on FEC and the other standing committees of the School of Medicine. Faculty involvement is essential to maintaining a vibrant and dynamic School of Medicine, and you are encouraged to attend the General Faculty meeting on Wednesday, October 22nd from 5:30 – 7:00 pm.

The FEC has already been off to a busy year, discussing committee appointments, possible bylaws changes, website development, faculty concerns, and educational programs. In order to improve communication and transparency regarding FEC actions, we have launched a new School of Medicine Faculty Senate website that can be viewed at: www.ucdmc.ucdavis.edu/medschool/somsenate. On this website, you will find an FEC roster, standing committee Chairs list, standing committee membership list, standing committee descriptions, School of Medicine Bylaws, and archived Faculty-to-Faculty newsletters. In addition, you will soon be able to access General Faculty meeting minutes and redacted FEC meeting minutes, using your Kerberos login and password. Please visit the site and let me know if you have suggestions for changes.

The FEC has decided to try a change in format for the Winter General Faculty meeting, which will be held on January 29, 2009. In order to encourage attendance, we are planning a morning meeting (7:30 am – 9:00 a.m.) and will be serving a nice breakfast, both in Davis and Sacramento. Our plan is to consider holding one of our three General Faculty meetings in the morning each year, but this will depend upon turnout and your feedback.

Finally, I would like to take this opportunity to thank you for your contributions to our School of Medicine. Each faculty member, whether a member of the Academic Senate or Academic Federation, brings a unique set of skills and talents that makes our School of Medicine outstanding. I am always appreciative of your feedback regarding improving faculty governance (pesokolove@ucdavis.edu) and look forward to seeing you at our upcoming General Faculty meeting.

—Peter Sokolove, M.D., Chair of the Faculty
Success of students admitted from the UC Post baccalaureate programs
By Jesse Joad, M.D., Associate Dean, Diversity and Faculty Life

All UC Schools of Medicine have post baccalaureate programs and have recently come together as a UC-wide consortium. The programs provide one year of intensive academic and social support to disadvantaged students (low family income, had to work long hours while attending college, first in family to attend college, attended low-performing K-12 schools), who have graduated from college, want to become physicians practicing in underserved areas, and do not have the MCAT scores and/or GPAs to immediately be admitted to medical school yet demonstrate unrealized academic potential. These students bring richness to their classmates due to their experiences growing up disadvantaged, help provide culturally competent care to our patients, and are more likely to practice in underserved areas. The programs’ curriculum includes preparation for the MCAT, learning skills, social support, and enrollment in upper division science classes.

Over the years, the programs have succeeded in getting 718 students (86%) into medical schools, of which 286 (40%) attended UC Schools of Medicine. The 64 post baccalaureate alumni from the UC programs who matriculated at UC Davis School of Medicine succeed at graduating at the same rate as all students (96%). As might be expected of students who were educationally disadvantaged, 41% were on academic probation at some point in medical school compared with 25% for all students. Among the post baccalaureate alumni, 8 students received UC Davis School of Medicine awards, one was an honor student, and one also received a PhD.

The consortium has been able to follow the eventual practice information of post baccalaureate alumni trained at UCD, UC Irvine, and UC San Diego, our longest-running programs. Of these alumni, 69% practice in California, 61% practice in primary care, and 42% practice in federally-designated health profession shortage areas. In contrast, 10% of the graduates of the UCLA Geffen School of Medicine practice in these areas, and 23% of the alumni of UCLA/Drew, developed to train physicians to practice in underserved areas, do so.

The UC Post baccalaureate programs have been highlighted as an exemplary practice by the “Connecting the Dots” study by the Berkeley School of Public Health and Public Health Institute for its ability to diversify the work force.

Thus, UC post baccalaureate programs are highly efficient at enriching our medical school student body with disadvantaged students who succeed at graduating from medical school at the same rate as all our students, and eventually care for the underserved in large numbers.
By Stephen McCurdy, M.D., M.P.H., UCD MPH program director.

Approximately a decade ago, leadership at UCD’s School of Medicine, School of Veterinary Medicine, and the California Department of Health Services recognized an emerging need for practical graduate-level and continuing education for the public health workforce. This recognition culminated in a recommendation for a Masters in Public Health (MPH) program at UCD, with the anticipation that this would be an initial step toward a school of public health. The prescience of this decision has since been ratified by a report from the University of California Office of the President, “A Compelling Case for Growth.” This report confirmed an existing and growing shortage of trained public health professionals. This shortage is likely to grow to nearly disastrous proportions in the five-to-ten-year time frame as the existing upper middle echelons retire with too few replacements “on the players’ bench.”

The UCD School of Medicine and School of Veterinary Medicine jointly established the UCD MPH program administratively housed in the School of Medicine’s Department of Public Health Sciences, and the program enrolled its first class in 2002. This and several subsequent classes were small (5-15 students) and limited to clinicians interested in a one-year MPH program. In 2005, we received full accreditation from the Council on Education for Public Health. We were subsequently approved to open the program to non-clinicians, admitting the first such class in 2007. Consistent with recent changes in accreditation requirements, we currently have a 56-quarter-unit program leading the MPH degree for an approved class of 24 students.

The UCD MPH program is a key part of several University programs. First, we anticipate that it will be the seed for a School of Public Health, which has been approved by the UCD Academic Senate and is currently under review jointly by campus and system wide administration. Second, the Rural-PRIME (Program in Medical Education) program brings a cadre of 10-12 additional medical students (in addition to our usual state-approved enrollment) into UCD for a five-year program focused on rural health and leading to a masters degree in addition to the MD. Students may choose between a master’s degree in informatics or an MPH. It appears at present that the majority of students will opt for the MPH.

Third, the FNP/PA program at UCD, which has for over three decades trained Family Nurse Practitioner/Physician Assistant (FNP/PA) clinicians primarily operating in rural areas, requires a local masters program to remain competitive, because a masters degree is required (FNP) or soon will be (PA) for certification and billing in many states. Fourth, the largest single group of public health professionals is nurses. With the advent of the new School of Nursing at UCD, it is critical that public health be part of the education for its students, and many will likely choose to obtain further education (e.g., MPH) in public health.

The major challenge for the UCD MPH program is that we are unable to meet demand. (We had 100 applicants for our 24 slots this year, putting us among the most selective programs in the nation.) Demand will soon swell with applications from the FNP/PA program, the PRIME program, and eventually the School of Nursing, forcing difficult admissions decisions if we remain limited to 24 slots. Further growth will require increases in faculty positions and funding. Should we be unable to meet the demand, it will imperil the success of these important UCD enterprises.
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: Conducts 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: James Holcroft, M.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.

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: James Bourgeois, 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: William Vernau, B.Sc., B.V.M.S., D.V.Sc., Ph.D.

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: Robert Berman, 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 Szyman, 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

April 2008
- Report on LCME from Ann Bonham, PhD, Assoc Dean. UCD SOM received full accreditation through 2013-2014. Significant progress due to curriculum reform and consolidation of medical school to the Education Building.
- Report from Raj Ramsamoaj, MD from the Compensation Advisory Committee on Salary Negotiation Guidelines. Topics included making benefits uniform among departments, clarifying use of FTE funds, calculation of “Z” bonuses.
- Updates on Rural PRIME and Admissions Bylaws by Don Hilty, MD. Academic waivers for several candidates for admission to Rural Prime program voted on by FEC.

May 2008
- Changes to Admissions bylaws were approved by FEC.

June 2008
- More appointments made to standing SOM committees.
- New FEC members introduced, and committee voted on new officers.
- Slate of graduating med students for 2008 unanimously approved.
- Admissions committee update by Don Hilty, M.D.

July 2008
- Peter Sokolove, M.D. becomes Chair of FEC.
- More appointments made to standing SOM committees.
- The current status and future prospects were reviewed.

August 2008
- Further discussion regarding the role of FTE funds for calculation of “Z” bonuses, and discussion of instruction and research time for FTE faculty.
- More appointments made to standing SOM committees.
- Presentation on Health Informatics Masters Program at UC Davis by Peter Yellowlees, M.B.B.S.
- Clarification of rules and regulations governing use of FTE funds by UC Davis SOM faculty.

Fall General Faculty meeting
Wednesday, October 22, 2008
5:30 p.m. – 7:00 p.m.

Spring General Faculty meeting
Thursday, January 29, 2009
7:30 a.m. – 9:00 a.m.

Locations via videoconference
Education Building, Lecture Hall 1222
Sacramento campus
&
MS1-C, Room 130
Davis campus

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