

**UC RIVERSIDE** UNIVERSITY OF CALIFORNIA | **Academic Senate**  
**COMMITTEE ON RULES AND JURISDICTION**

April 26, 2016

To: Jose Wudka  
Chair, Riverside Division Academic Senate

From: John W. Cioffi   
Chair, Committee on Rules and Jurisdiction

Re: System-wide review of Revised APM Policy Sections 278, 210-6, 279, 112 and New APM – 350

The Rules and Jurisdiction Committee of the Riverside Division has reviewed the proposed Revised APM Policy Sections 278, 210-6, 279, 112 and New APM - 350.

Overall, the changes are appropriate and reflect a real need to address the formal designation and status of clinicians in UC and UC-affiliated medical facilities. The proposed revisions also properly distinguish between Senate faculty and non-Senate teaching and clinical personnel.

However, we also have identified some gaps and areas of ambiguity in the proposed revisions. Such textual wrinkles are perhaps inevitable in a complex and multifaceted revision, but they should be addressed to the degree possible prior to adoption. First, there is the issue of when a clinician would have to be reclassified—and what the consequences would be. The proposal states at pg. 6:

Clinical Associates are 1) paid staff clinicians and 2) clinicians who are employed by satellite facilities, health system networks, and other affiliated clinical entities and engaged 100% time in patient care, with no UC salary, and no teaching, research/creative activity, or University and/or public service responsibilities. To be paid by UC and/or engage in teaching, research/creative activity, or University and/or public service, the individual must be placed in an appropriate title following a competitive search.

It is not clear to us what happens under APM 278(c) and 350-20.c if a Clinical Associate, who is hired and classified as such, takes on some research on occasion, as clinicians sometimes do. (Taking on clinical teaching presumably would be addressed by classifying the person as a Volunteer Clinical Professor.) Would that person have to be re-classified as faculty, as I interpret APM 279-0 to require? Would the person have to re-apply for the position as part of a “competitive search”?

We find a similar ambiguity in the proposed APM-279-20.a. The proposed revisions not clearly set out the required procedure or the options and the means of selecting among them when transferring the appointment of a Volunteer Clinical Professor.

Second, while we agree that the review criteria for these various classifications need to be flexible, we think there needs to be more clarity and precision in describing the review process. The flexibility of substantive criteria is necessary in order to tailor them to different professional functions (teaching, research, clinical practice). However, the following portion of the proposal leaves too much unspecified: “Clinical Associates are appointed and reviewed by their peers at their place of employment based on achieving acceptable quality standards for clinical care based on the employer’s review.”

The proposal should specify who is to perform the evaluation and the standards and procedures to be employed. Who are these “peers”? How are they defined and who makes the determination of who is a “peer”? Do all “peers” participate in the evaluation or only a committee of them? If the latter, who appoints the committee? What substantive and procedural rules or standards govern this peer review? If the rules and procedures of an affiliated facility govern the review and evaluation of one of its employees, who is also a Clinical Associate, the text of the APM should state this explicitly.