DIVISION OF BIOMEDICAL SCIENCES
BACKGROUND AND JUSTIFICATION FOR A STAND-ALONE DIVISION

Proposal

The Biomedical Sciences faculty, the Director of Biomedical Sciences, and the Dean of the College of Natural & Agricultural Sciences propose to transfer the Division of Biomedical Sciences from the status of a unit within the College of Natural & Agricultural Sciences to that of a stand-alone unit of the campus.

Specifics of the Proposal

Governance and Administration--The Director (Divisional Dean) of the current Biomedical Sciences Program (BMSP), as an Associate Dean of the UCLA School of Medicine, has and will continue to report to the Dean of the UCLA School of Medicine through the Riverside Chancellor on all aspects of medical education. In addition, the Director will report directly to the Executive Vice Chancellor and Chancellor on all matters related to campus administration, resources, Health Sciences academic personnel, and medical student affairs.

The BMSP will interact with the CNAS administration on all aspects of undergraduate curriculum, instruction, and student affairs. See “Oversight of the undergraduate years” under “Undergraduate Students” below.

The appointment of the Director of the Biomedical Sciences Program as an Associate Dean of the College of Natural & Agricultural Sciences will terminate with separation of BMSP from CNAS.

For purposes of incorporating the academic and research functions of the Division with those of the Riverside campus, and for purposes of sharing administrative information necessary to the Division’s functions, the Director or, in the Director’s absence, his designee shall participate as a Dean in the administrative affairs of the campus.

Undergraduate Students

Undergraduate major in Biomedical Sciences—The proposed reorganization will not affect existing academic arrangements for the undergraduate major in Biomedical Sciences. The undergraduate major will continue to be a component of the CNAS curriculum. Requirements for undergraduates will be determined under the jurisdiction of the CNAS Executive Committee as in the past. All students in the undergraduate major will continue to complete all academic requirements of CNAS and will graduate with Bachelors’ degrees from CNAS. Transfers of students into and out of the Biomedical Sciences undergraduate major will be handled as they are currently, using the same procedures as any other changes of major for students in the CNAS undergraduate program.

Workload--Undergraduate Biomedical Sciences majors are to be counted as CNAS students for purposes of computing undergraduate workloads. First-year medical students in the medical phase of the BMSP will count toward the BMSP medical student workload even though they are also considered undergraduates for the first year of medical instruction. At that time, they have not yet been awarded a bachelor’s degree.
Academic advising--An important feature of the Biomedical Sciences Program has been the service of medical school faculty as advisors for undergraduate students majoring in Biomedical Sciences. In addition, Biomedical Sciences has developed a strong and experienced Student Affairs Office highly skilled in matters relating to premedical and medical school education. Undergraduate majors will continue to receive their academic advising in Biomedical Sciences with CNAS retaining Dean’s Level approval requirements for undergraduate majors.

Oversight of the undergraduate curriculum-- The Executive Committee of CNAS will maintain its authority over the undergraduate program. A member of the faculty of Biomedical Sciences will participate as a member of the CNAS Executive Committee. Oversight of the undergraduate and medical school curriculum within Biomedical Sciences will be by the Educational Policy Committee, which will report to the Biomedical Sciences faculty, to the CNAS Executive Committee, and to the UCLA Medical Education Committee. The Chair of the CNAS Executive Committee (or a designee) may attend Biomedical Sciences Educational Policy Committee meetings when issues relating to the undergraduate curriculum are discussed. This process will be reviewed yearly by the Deans of CNAS and BMSP to assure its proper function.

Medical Students-- BMSP will continue to be the administrative center for first and second year medical students, subject to the policies of the UCLA medical school.

Graduate Education-- The proposed reorganization will not affect graduate education. As in the past, the interdisciplinary Biomedical Sciences Graduate Program will report to the Graduate Division, and the Graduate Secretary for this Program will continue to be located in the Biomedical Sciences office. As is true for all other UCR faculty, Biomedical Sciences faculty will continue to participate in both the Biomedical Sciences graduate program and/or other campus graduate programs, and CNAS faculty may continue to participate in the Biomedical Sciences Graduate Program.

Academic Personnel-- The BMSP currently consists of 17.0 FTE ladder rank faculty, 10 adjunct faculty, 26 clinical faculty, and between 100 and 200 voluntary clinical faculty members who are in the process of appointment. Review of all appointment, merit, and promotion files for Biomedical Sciences faculty members will take place within the Division by voting faculty as specified by the APM. When separation from CNAS is complete, a Chair of the Faculty will be chosen as described below. The Faculty Chair will be responsible for academic personnel review. After review within the Division, files will be sent to the Dean of BMSP for action prior to being sent forward to the campus Academic Personnel Office and the Office of the Executive Vice Chancellor. For the mechanics of Biomedical Sciences faculty salaries, the Division will continue its current role as described in the General Health Sciences Compensation Plan.

Appointment of the Faculty Chair—A Faculty Chair will be appointed by the Dean of BMSP after consultation with and approval of the Biomedical Sciences faculty. The Dean of CNAS will also be consulted during the review of potential appointees. Appointment of the Faculty Chair will be subject to annual review by the Dean of Biomedical Sciences, in consultation with and approval of the Biomedical Sciences Faculty. Duties of the Faculty Chair will include academic personnel review as described above, and other functions to be specified by
a memorandum of understanding developed in consultation with and approval of the BMSP faculty and the Executive Vice Chancellor. The Dean of BMSP will retain control of budget and space allocations, and will be responsible for communication with higher administration at UCR, UCLA, and other institutions.

A Voluntary Clinical Professorial series has been approved; implementation of the series is spelled out in the series document. Review of appointments and merits and promotions will involve a local committee, reporting to the Biomedical Sciences faculty, the Faculty Chair and the Dean of BMSP.

Academic Personnel Matters for Joint Appointees--Files for BMSP faculty members with joint appointments in departments within CNAS will continue to be handled according to Section X. in the current “Call” and will involve coordination between the Biomedical Sciences Faculty Chair and the chair of the department of joint appointment as well as between the Dean of BMSP and the Dean of CNAS.

Teaching Assignments for Joint Appointees--For Biomedical Sciences faculty members holding joint appointments within other CNAS departments, it is expected that negotiation of teaching assignments within departments of joint appointment will continue as they are negotiated for all faculty members with 0 FTE joint appointments. Specifically, the Chair of the department of joint appointment will negotiate teaching assignments with the Dean of BMSP and with the involved faculty member in good faith, taking into consideration the general teaching load in the home department. The home department is that department holding the FTE.

Resource Needs and Adjustments

Budget--No new resources will be required for the move to a stand-alone division. Funding for the BMSP is derived from Health Sciences funding. The new division will receive allocations of such funding as Indirect Cost Recovery and Instructional Equipment Replacement funds directly from the central administration.

The BMSP is funded based upon its 48 medical students and has considerable responsibility for undergraduate student advising and management. The campus has therefore augmented the Biomedical Sciences budget with one staff FTE to handle the additional activities; that FTE will remain permanently transferred to the Biomedical Sciences budget.

Biomedical Sciences will assume the Control Unit status for merit and range adjustment funds and will retain authority for Health Sciences FTE with the office of the Executive Vice Chancellor.

Staff Personnel--No additional staffing is required for this change. The distinct budget for Health Sciences as well as the unique compensation plan for Health Sciences faculty has required the administrative staff for the BMSP to perform many of the functions for an administrative control center. The areas still to be added, such as checkpoint for federal affirmative action recruitment and Dean’s Office-level approvals for business and procedures, can be assumed with existing staff.
Space--The space currently assigned to Biomedical Sciences on the space tabs will be retained. Currently available space is adequate for the change to a stand-alone division as well as the ongoing recruitment effort. In the future, expansion will require negotiation for additional space.
Justification for the Separation/Advantages for the BMSP

Summary
Return of the second year of medical education to UCR marks a dramatic increase in the responsibilities and greatly expands the scope of medical education for BMSP. Examples include direct recruitment, faculty development, and supervision of approximately 200 clinical faculty. Such a major change is a challenge to the current administrative structure of this program within CNAS. To facilitate and assure success of the program, separate divisional status with direct administrative reporting to the Executive Vice Chancellor and Chancellor is proposed. The history and advantages are detailed below.

The Biomedical Sciences Program is dramatically expanding its mission and goals to develop a medical research and education program for the 21st century. An innovative community-based medical program for the Riverside area has been planned. In the first phase, the community biomedical program will emphasize primary care. Community physicians will provide much of the instruction. Exposure of the students to these physicians is intended to inspire more UCR-trained physicians to reside in the Riverside community. This program will begin in 1997-98 by moving the fifth year of instruction back from the Harbor/UCLA Medical Center in Torrance.

This step will mark the beginning of a new era in Biomedical Sciences on the Riverside campus and the transition into a community-based medical school in which clerkships in the 6th and 7th years will be placed at regional hospitals. To this end, the faculty in Biomedical Sciences will be expanded to accommodate the additional training, and new faculty members will be encouraged to hold joint appointments at regional hospitals. As envisioned, this development will introduce a significant new academic dimension, i.e., the research and teaching expertise of UCR will be joined with the practice of medicine in Riverside and, conversely, the physicians will bring valuable clinical experience into the classroom as well as clinical research to the campus.

The move of the second medical school year back to Riverside has dramatically increased the complexities of the BMSP. The BMSP must continue to be accredited through the American Association of Medical Colleges and the American Medical Association Liaison Committee for Medical Education (LCME). The BMSP receives accreditation as a separate unit of the UCLA School of Medicine. Clear lines of governance and administration are very important for LCME accreditation approval. This further emphasizes the need to reduce the layers of administration between the BMSP and the UCLA School of Medicine and to provide closer ties between the two entities.

The move to a stand-alone unit will facilitate fulfillment of the stated mission of the BMSP (see Attachment A) by providing a structure more conducive to “preparing graduates for distinguished careers in clinical practice, teaching, research and public service” outside of the constraints of a college focused in large on non-medical sciences.

A separate health care entity will make the campus more attractive to potential health professional students.
The Division has always maintained a level of autonomy. It was designated a separate institution from the campus by the Public Health Service in 1976 and is therefore identified on all federal grants to BMSP faculty as the institution to receive credit. The Division administers the only Health Sciences funds on campus as well as the unique Health Sciences academic personnel plan.

**Advantages to CNAS**—For CNAS, the BMSP presents an intact program of very specific requirements with which the CNAS administration has had to involve itself. A separate Health Sciences budget, distinct academic personnel guidelines, and the entire arena of medical education requirements are a significant additional burden to a College administration already mandated to deal with a diverse set of educational programs in the agricultural, physical, and life sciences.

**Advantages to UCR**—The BMSP has provided advantages to the campus in terms of recruitment of undergraduate students (both in terms of numbers and in terms of quality), in recruitment of faculty with desirable research and teaching specialties, and in terms of attracting extramural research funding from agencies such as NIH. All of these advantages will continue under the planned separation. The undergraduate program will remain affiliated with CNAS and the participation of Biomedical Sciences faculty in undergraduate and graduate programs will not be altered. At the graduate and research levels, interactions with other medical institutions such as hospitals and medical schools will be enhanced by the proposed reorganization, leading to new research opportunities and new graduate and medical research and education activities.

**Disadvantages**
The BMSP is small; however, through endowments as well as by the use of titles and FTE as practiced at other UC medical schools, we will expand both our research and teaching bases. The anticipated endowments will allow funding of Adjunct and In-Residence appointments.

There is a perception that expansion of the BMSP will reduce resources available to the campus. This will not occur. The separation from CNAS requires no additional resources; the current expansion is taking place with the funds and space currently available. The BMSP is expected to become a revenue source for the campus.
**Attachment A--Mission Statement**

UCR/UCLA Program in Biomedical Sciences

MEDICAL EDUCATION MISSION STATEMENT

The faculty of the UCR/UCLA Program in Biomedical Sciences are committed to preparing graduates for distinguished careers in clinical practice, teaching, research and public service. Recognizing that the formal classroom setting is but one phase in a physician’s education, we must create an environment in which students prepare for a future in which scientific knowledge, societal values, and human needs are ever changing.

In recognition of this charge, the UCR/UCLA Program in Biomedical Sciences has set forth the following goals for its faculty:

- to provide the opportunity for highly-qualified students to complete both their premedical (undergraduate) and medical school training in seven years instead of the normal eight
- to coordinate an undergraduate curriculum specifically tailored for our premedical students which gives them not only an excellent overall preparation for medical school instruction but also selective classes introducing them to their future career objectives
- to provide students in the Program with extensive personal advising by medical school faculty so as to assist them to evaluate their career aspirations
- to provide basic science instruction for years 1 and 2 of medical school in a small group learning environment with intensive instructor-student interaction
- to provide highly qualified undergraduate and medical students the opportunity to participate in biomedical research experiences
- to provide opportunities for experiences in community medicine for both undergraduate and medical students

These goals are instituted so that faculty and students will actively collaborate to build a strong foundation for its graduates which will include:

- An enthusiasm for life-long, discerning, self-education
- A commitment to humanistic, compassionate, and ethical care of the individual and family
- An ongoing development of a broad and flexible base of knowledge and skills that integrates basic, clinical, social, and behavioral sciences with the art of medicine
- An understanding of the scientific method, an appreciation of its role in basic and clinical research, and the development and application of these habits to inquiry to address real problems
An active concern for the promotion of the health and well-being of the community with a sensitivity to its diversity, and an understanding of the special challenges and requirements of a pluralistic society

Skills in effective communication including the teaching of students, colleagues, patients and the community

The ability to provide flexible, creative leadership in the setting of rapidly changing technology and societal needs through a systematic, multidisciplinary, and collaborative approach.
Attachment B--Background*

The idea for the UCR/UCLA Program in Biomedical Sciences began with UC President Hitch’s 1970 Report to the State Legislature on “Planning for the Health Sciences 1970-1980--A Ten-Year Plan”. In this plan, UCLA’s medical school class was envisioned to increase its enrollment substantially beyond the 135 students of the time. It was estimated that UCLA’s clinical facilities would be sufficient for third- and fourth-year medical school classes of 200 students. However, it was also made clear that the basic science facilities of the medical school required to teach the first and second years were already utilized to full capacity and that increasing the size of the entering class for the UCLA School of Medicine would require the construction of entirely new facilities on the already crowded Westwood campus.

On the other hand, students from UCR who were admitted to the UCLA School of Medicine had given our campus the reputation of graduating excellently prepared candidates for admission to medical school. Therefore, when the question arose for UCLA to consider joining up with another campus in the system to develop a program for the purpose of preparing students for junior year medical school admission, UCR was thought of as a logical choice. This led to contacts in 1971 between UCR and UCLA faculty administrators.

In October, 1971, the Vice Chancellors for UCLA and UCR, David Saxon and Carlo Golino, UCLA School of Medicine Dean (Founding), Sherman Mellinkoff, UCR College of Natural & Agricultural Sciences Dean Mack Dugger, associate deans from each campus and Professors Klinenberg and Jenden from UCLA met and concluded that there was enough common ground to further pursue a joint venture between the two institutions and the Chancellors of both campuses were asked to appoint a faculty committee composed of members from UCR and the UCLA School of Medicine to evaluate the feasibility of a joint program in preclinical sciences. At that time, it was also suggested to explore whether the San Bernardino County Hospital would be a suitable facility to provide clinical training facilities for the UCR phase of such a program.

This faculty committee made a most important decision to focus on a combined bachelor’s degree/pre-clinical sciences program rather than to consider a traditional two-year medical education program. The importance of this original decision cannot be over-emphasized because, without it, the entire nature of the Program would have been completely different and would not have had what makes the Program unique and quite probably have never gone beyond a report to the Academic Senate “to be received and placed on file.”

This decision was made in parallel with two important events which were critical in giving the formation of the Program momentum. In January, 1972, the UCLA School of Medicine, through its Ten-Year Plan Committee for Basic Medical Sciences, submitted a report in which it specifically referred to the so-called “Riverside Plan” to provide for transfer of Riverside students so prepared to the junior class at UCLA. The second event was the decision by UC to include provision for construction funds for the Program in the 1972 Health Sciences bond issue.

The early history of the Biomedical Sciences Program (BMSP) is very important in order to illustrate that:

* This section draws heavily from a speech prepared by Ernst Noltmann, Founding Director of the Program, and Rhonda (Hart) Louden on December 3, 1975. Many thoughts are paraphrased and direct quotes are indicated.
“the origin of the BMSP was strictly academic in nature;”

“the impetus for its creation came as much from UCLA as it did from UCR;”

“UCLA’s choice of UCR as the campus with which it should explore the feasibility of such a venture was based on the excellent reputation UCR’s students enjoyed as applicants to the UCLA School of Medicine;”

“the plans for the development of this program had absolutely nothing to do with UCR’s decline in enrollment for which there was no indication at the time when the [program committee] began its deliberations”. In fact, UCR had just reached its peak enrollment as a result of which 42 new faculty positions had been added to the campus in 1970.

A committee report, dated May 14, 1973, was submitted for approval both to the Riverside Division of the Academic Senate and to the faculty of the UCLA School of Medicine. The report, calling for the implementation of a Program in Biomedical Sciences, was approved essentially unanimously at the June, 1973 meeting of the UCR Academic Senate. It was submitted for mail ballot to the UCLA School of Medicine faculty during the summer of 1973 and was also approved with a substantial majority at UCLA.

Although final approval and funding for the Biomedical Sciences Program was rocky, Governor Reagan signed it into his 1974/75 budget in June, 1974 and the first class of students enrolled for Fall, 1974.

In the early 1970’s, it was already clear that there was a shortage of primary care physicians. The shortage has only increased during the intervening 25 years. Training medical students who would become primary care physicians became one of the primary goals of the BMSP. The BMSP has been successful in that goal, doubling UCLA’s average for producing primary care physicians. The original site for clinical instruction, San Bernardino County Hospital, had a Family Practice residency program affiliated with the UCLA School of Medicine. The choice of a medical student’s future career is often made on the basis of what he or she sees in the physician teachers they encounter during their training. It was through this goal identification that the BMSP sought to direct its students to fields of primary care.

Even back in 1973, California ranked 49th of the 50 states in opportunities for California residents to attend medical school in California; in other words, the number of medical school “slots” per capita in the state. Today, the American Association of Medical Colleges notes that, whether you think there is a shortage or an overabundance of M.D.’s in the nation, only 80% of current physician workforce has been trained in the United States. The numbers are, in fact, rising. In 1994 and 1995, 45 foreign-trained M.D.’s entered graduate medical education programs for every 100 U.S.-trained M.D.’s. This would indicate a trend toward a 50% increase in the number of graduates of non-U.S. medical schools in the physician workforce1.

This narrative sets the groundwork for two very important features of the BMSP--efficient delivery of medical education (cost savings) and primary care emphasis.

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In 1983, because of affiliation disagreements between San Bernardino County Medical Center and the UCLA School of Medicine, the clinical instruction portion of the BMSP was moved to Harbor/UCLA Medical Center in Torrance. The physical distance required an unnatural division of instruction between the first and second years of medical school. The distance also made supervision of instruction difficult for the Director of the Program at Riverside. National Board Examination scores began to decline.

With the recruitment of a new permanent director for the BMSP, a solution to the problems with clinical instruction was sought by administrations of both institutions. A plan to use many of the clinical institutions in the Inland Empire was developed and will be implemented starting partially in Spring Quarter of 1997 and fully in Fall Quarter of 1997. One of the attractions of the plan is that it will not rely on the health and willingness of a single institution and the credentials of only those clinicians but will all clinical course coordinators to recruit clinical faculty from throughout the Inland Empire.

Approved by the Committee on Planning and Budget: 3/3/99
Approved by the Committee on Educational Policy: 3/3/99
Approved by the Graduate Council: 3/23/99