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CONFIDENTIAL

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Professor Andrea Kasko, Ph.D.
Chair, UCLA Academic Senate
Professor of Bioengineering
Equity, Diversity and Inclusion Officer
3131 Murphy Hall
University of California, Los Angeles

RE: REDELEGATION OF INVOLUNTARY LEAVE AUTHORITY

Dear Chair Kasko:

Thank you for the opportunity to provide further background regarding the redelegation by Vice Chancellor, John C. Mazziotta, M.D., Ph.D., of the authority to place Health Sciences Clinical Faculty members on involuntary leave to Vice Dean for Faculty Affairs at David Geffen School of Medicine (DGSOM), Dr. Joaquin (Quim) Madrenas, M.D., Ph.D.

On October 4, 2023, representatives from Vice Chancellor Academic Affairs and Personnel (VCAAP), Michael Levine, Ph.D, and the DGSOM appeared before the Academic Senate leadership to understand concerns about the Redelegation of Involuntary Leave Authority.

UCLA Health/DGSOM Properly Exercise Their Delegated Authority

As the Academic Senate is aware, DGSOM has over 4,600 faculty members, who work in UCLA Health's myriad hospitals and healthcare facilities while performing research and teaching medical students, residents and trainees. The percentage of faculty who are Academic Senate members is around 21%. There are more than 3,000 faculty members who are in a Non-Senate Academic series, predominantly in the Health Sciences Clinical series (2,788). The authority to place the Health Sciences faculty members on involuntary leave was originally delegated from the Chancellor and VCAAP Levine to VCH Mazziotta, who in October 2022, redelegated that authority to Vice Dean Madrenas, who is generally closer to the events and faculty affairs issues. Of course, both VCAAP Levine and VCH Mazziotta maintain the authority to also sign notices of involuntary leave.

As noted in the Moreno report, UCLA Health requires the ability to place a faculty member on leave expeditiously when extremely serious allegations of potential misconduct arise, especially potential violations of UC/UCLA's Sexual Violence and Sexual Harassment (SVSH) policies. For all DGSOM faculty members placed on involuntary leave, UCLA Health leadership determines whether one of the threshold criteria exists per APM-016:

1. [A] strong risk that the respondent faculty member's continued assignment to regular duties or presence on campus will cause immediate and serious harm to the University community; and/or
2. [The respondent faculty member's continued assignment to regular duties will] impede or interfere the investigation of his or her alleged wrongdoing; and/or
3. [W]here the faculty member's conduct represents a serious crime or felony that is the subject of investigation by a law enforcement agency.

In making this determination, UCLA Health focuses on patient safety and quality of healthcare, as well as UCLA community and workplace safety. Since 2022, UCLA Health has only placed approximately 24 faculty members on involuntary leave, which amounts to a very small fraction of its total faculty members.

Based on the foregoing, at a practical level Dr. Madrenas, is the primary point of contact for faculty members placed on involuntary leave, has immediate substantive knowledge of the allegations and events at issue, and signing the notices of involuntary leave for Health Sciences Clinical faculty members provides continuity and efficiency. For these reasons, we request that the Academic Senate recognize that the Redelelegation process is working effectively and is appropriate.

Medical Staff's Authority to Temporarily Suspend Medical Privileges is Not the Same as Involuntary Leave

Although the Academic Senate referenced Ronald Reagan Medical Center and Santa Monica's Medical Center bylaws as covering the need for immediate leave when serious allegations arise, the reality is that the ability of the Medical Staff Executive Committee (MSEC) of UCLA Health's three hospitals to remove a medical staff member from the clinical space is very challenging due to the high bar for summary suspension as set forth in the Business and Professions Code and the hospitals' respective bylaws. The legal bar to action by the MSEC is so high a summary suspension is quite rare and is, therefore, not a reliable mechanism to remove a faculty member when a serious concern requires investigation. Moreover, an MSEC summary suspension only removes the faculty member from the clinical space but does not necessarily review the broader concerns of harm to the University community or potential interference with an underlying investigation per APM-016.

VCH Mazziotta is also the Governing Body for the UCLA Health System, with the responsibility of hearing appeals from faculty members who have their privileges to practice medicine at UCLA Health suspended or terminated by the MSEC. Thus, redelegation to Dr. Madrenas is also the most efficient mechanism to avoid an appearance of a conflict of interest in the separate, but parallel processes governed by the Medical Staff bylaws and State law vis-à-vis the APM. Further, providing several layers of review before initiating involuntary leave also protects our DGSOM faculty members and ensures our decision-making is fair and thorough.

Conclusion

UCLA Health is committed to working with the Academic Senate to ensure its processes meet the Senate's understandably rigorous standards. The current delegated authority to place faculty members on leave is rigorous and intended to comply with numerous legal and policy responsibilities, while adhering to the Senate's rules and standards.

We appreciate your service and thank you for your contributions to the Academic Senate.

Sincerely,



Michael S. Levine, Ph.D.
Vice Chancellor, Academic Affairs &
Personnel, UCLA



John C. Mazziotta, M.D., Ph.D.
Vice Chancellor, UCLA Health Sciences,
CEO, UCLA Health

cc: Steven M. Dubinett, M.D., Dean, DGSOM
Joaquin (Quim) Madrenas, M.D., Ph.D., Vice Dean for Faculty
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