Executive Board

(Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

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Susannah Scott
Chair, Assembly of the Academic Senate
Faculty Representative, UC Board of Regents

Academic Senate

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September 30, 2026

CHAIRS OF SENATE DIVISIONS
CHAIRS OF SYSTEMWIDE SENATE COMMITTEES

Re: Systemwide Senate Review of Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

Dear Senate Division Chairs and Systemwide Committee Chairs,

I am forwarding for systemwide Senate review the report and recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. Please submit comments to the Academic Senate Office at SenateReview@ucop.edu by November 12, 2026, in time for discussion at the November 19 Academic Council meeting.

The review timeline is shorter than usual, and we apologize for the compressed schedule; however, the president and chancellors have identified this as an issue to address on an expedited basis. Non-Senate clinical faculty are also being consulted as part of this review.

President Milliken convened the Task Force to consider alternative approaches to clinical faculty participation in University governance, following the 2025 Senate membership memorials concerning representation in governance of Health Sciences Clinical and Adjunct Professor faculty. The memorials, which would have extended Academic Senate membership to faculty in those title series, failed to advance after divisional voting. To be clear, the Task Force recommendations are not intended to circumvent or revisit the outcome of the Senate's memorial votes, but to explore a different framework for addressing clinical faculty representation and participation in governance.

Overall, the recommendations address Clinical X appointments, faculty review and reclassification, and proposed governance structures for clinical faculty. Although recommendations 1–4 largely involve authorities exercised at the campus level, the Academic Council believes input on their broader systemwide implications would inform campus decision-making.

In addition to general comments on the recommendations, the Academic Council encourages reviewers to consider their practical implications for faculty's role in shared governance, academic personnel processes, and participation in the Academic Senate, including:

- The extent to which the recommendations address the governance issues that led to the Task Force;
- The roles and commitments of UC Health, medical centers, and health professional schools in supporting the proposed governance structures and associated engagement of clinical faculty;
- Potential effects on Academic Senate composition and representation, including the possible scale and process of faculty reclassification;
- The relevance and clarity of the proposed reclassification criteria;
- The implications of establishing an Academic Council Special Committee and divisional Senate counterparts;
- The resources, workload, and staffing needed for implementing the recommendations;
- Whether additional measures may be needed to strengthen Senate and non-Senate faculty engagement in governance.

Even if a committee considers these matters to be outside its jurisdiction or charge, we encourage your feedback on the proposal to ensure broad consultation. Review materials are also available on the Academic Senate website in the Under Review section.

Sincerely,

Susannah L Scott

Susannah Scott
Chair, Academic Council

cc: Academic Senate Executive Directors
Systemwide Senate Executive Director Lin

UNIVERSITY OF CALIFORNIA

James B. Milliken
President

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DIVISION OF AGRICULTURE AND NATURAL RESOURCES

September 29, 2026

Chancellors
Academic Council Chair Scott

Dear Colleagues:

Enclosed for a 45-day Systemwide Comment period is the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. I seek your input and advice on the Task Force recommendations, as summarized in the accompanying cover letter from the Task Force co-chairs and supported by the Report text and appendices.

I ask that the Chancellors, in collaboration with the administrators copied herein, ensure distribution of the systemwide comment letter, Co-Chair Cover Letter, and Report to all faculty across UC's 21 health professional schools, spanning all health professions (Academic Senate and non-Academic Senate), and to appropriate administrators across the system, offering an opportunity for feedback and comments. Similarly, I ask that Academic Council Chair Scott distribute the Co-Chair Cover Letter and Report to all Academic Senate faculty for systemwide review, feedback, and comments. Faculty and administrators should submit their comments directly to the Office of the President's Systemwide Academic Personnel office at SystemwideAP-PolicyReviewComments@ucop.edu.

As the University of California's health enterprise has grown, the growth in some faculty series, notably the Health Sciences Clinical Professor series has raised questions about how to best integrate clinical faculty into University governance. Faculty in the Clinical X, In-Residence, and Ladder-rank series are members of the Academic Senate. However, the majority of clinical faculty are in the Health Sciences Clinical Professor series, which is not a faculty series in the Academic Senate.

Non-Academic Senate clinical faculty requests for a role in shared governance were noted in a 2020 task force report. To begin to address these concerns, a Special Committee on Health Sciences and Clinical Affairs was then formed. From 2024 through 2025, under then-President Michael Drake's tenure, non-Academic Senate clinical faculty, Academic Senate leadership, and UC's health science schools proposed various approaches to expand access to University governance for clinical faculty. However, the issue remains largely unresolved to this day.

In early June 2026, I charged a Presidential Task Force on Clinical Faculty Representation in Governance, co-chaired by UC Irvine Chancellor Howard Gillman, Ph.D., and UCLA Professor in Residence of Medicine and Health Policy and Management Michael Ong, M.D., Ph.D., to continue that work focusing their review on what governance model(s) could provide greater representation for clinical faculty and is well-suited to the University of California. The Task Force members reflect a diverse

group of individuals, including representation from the Academic Senate, Academic Affairs, UC Health, UC Medical Center leadership, campus leadership, and UC health science schools. The Task Force delivered the attached Report to me on August 28, 2026.

I want to thank the Task Force members who committed themselves to working together to develop this Report and its clear recommendations and also the Office of the President's Systemwide Academic Personnel, UC Health, and UC Legal who supported the effort.

Systemwide Comment

This Systemwide Comment period is modeled on the full review mandated for Academic Personnel Manual Policy changes and includes a 45-day comment period. Comments should be submitted by **Monday, November 16, 2026**. Please submit your comments to SystemwideAP-PolicyReviewComments@ucop.edu. If you have any questions, please contact Systemwide Academic Personnel Deputy Provost Amy Lee at Amy.Lee2@ucop.edu.

Sincerely,

James B. Milliken
President

Enclosures: Co-Chair Cover Letter and Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

cc: Task Force Co-Chair Dr. Ong
Interim Provost and Executive Vice President Hexter
UC Health Executive Vice President Rubin
Provost and Executive Vice Chancellors
Academic Council Vice Chair Nuru-Jeter
Vice President and Chief of Staff Kao
Chief Policy Advisor McAuliffe
Deputy Provost Lee
Associate Vice President McRae
Executive Director Lin

September 24, 2026

PRESIDENT JAMES B. MILLIKEN

Re: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Dear President Milliken,

As co-chairs to the Presidential Task Force on Clinical Faculty Representation in Governance, we submitted the Task Force Report to you on August 28, 2026. We are submitting to you an updated co-chair cover letter highlighting key issues in the Task Force deliberations, Report and its Appendices. The Report reflects extensive discussion and thoughtful deliberation among Task Force members, who met five times between June 11, 2026, and August 18, 2026.

Key Issues in the Report

In developing its recommendations, the Task Force relied on the principle that clinical practice/academic health sciences are essential to UC's teaching/mentoring mission, the advancement and creation of new knowledge, and is a University/public service. This principle informed the following five recommendations, which will support and expand clinical faculty participation in the governance of their workplace through existing Academic Senate structures and will also provide a meaningful systemwide voice for clinical faculty who are outside the Academic Senate.

In formulating the five recommendations, Task Force members agreed that each recommendation should be grounded in guiding principles. The members agreed that when faculty are required to be fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates, they should have a role in the formal shared governance of the University through the Academic Senate.

The criteria and requirements for each faculty series are reflected in the Academic Personnel Manual (APM - 210).[1] In evaluating the requirements and standards for each faculty series in the APM, the Task Force noted that faculty in the Ladder-rank, In-Residence, Clinical X, and Professor of Teaching series are required to engage substantively in all areas of the academic mission and are evaluated separately on their

[1] The criteria and requirements for each faculty series in the APM were developed and issued following collaboration and consultation with the faculty members who were in the respective series.

teaching, research/scholarly/creative activities, University and public service, and professional competence and activity, and thus, appropriately have a role in the formal shared governance of the University through the Academic Senate.

Pursuant to the requirements in the APM, faculty in the Health Sciences Clinical Professor series require exemplary performance in teaching and professional competence, and their activities in scholarly/creative activity and University/public service are derived from their primary responsibilities in clinical teaching and patient care services, and thus shall be appropriately weighted and broadly defined to take into account the primary emphasis on clinical teaching and patient care services. Scholarly or creative activities for faculty in the Health Sciences Clinical Professor series are to be evaluated in the context of the faculty's academic and professional responsibilities and the time available for creative activity. Unlike the Clinical X and Professor of Teaching series, the contributions do not need to be significant, sustained, or consistent, and do not need to be evaluated as separate and distinct from their clinical teaching or clinical practice. Pursuant to the requirements in the APM, faculty in the Adjunct Professor series may predominantly engage in research/creative work or may predominantly engage in teaching, depending on the individual appointee.

The Task Force therefore concluded that while there is no requirement in the APM that clinical faculty in the Health Sciences Clinical Professor and Adjunct Professor series be fully engaged in the comprehensive mission of the University and be evaluated separately on each area, the members nevertheless unanimously agreed that all clinical faculty make significant and important contributions to the University's academic mission and should have access to and participate in systemwide and campus processes of shared governance (e.g., Academic Senate and non-Academic Senate committee participation as described in the report) to advise and deliberate on matters that are important to their employment at the University of California and their professional work environment.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.

Based on the guiding principle that if a faculty series is required to be fully engaged in the comprehensive mission of the University and must be evaluated separately on each area, the Task Force concluded that there are valid reasons to reconsider the current cap on the Professor of Clinical X series. The Clinical X series is currently an Academic Senate faculty series and is the only Senate faculty series required to be held to a limit by policy, unless the Chancellor either increases or removes the cap, following divisional Academic Senate review and consultation.

During Task Force deliberations, members noted Regents Standing Order 105.1 provides, "Members of the faculties of professional schools offering courses at the graduate level only shall be members also of the Academic Senate, but, in the discretion of the Academic Senate, may be excluded from participation in activities of the Senate that relate to curricula of other schools and colleges of the University."

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

The Task Force concluded that requiring 100% employment, except through an individual exception process, for the Professor of Clinical X series is not conducive to a family-friendly and inclusive work environment. Many employees, regardless of gender or background, serve in caregiving roles and require flexible working arrangements to fulfill both their professional and personal responsibilities. The Task Force noted that the current exception process must be navigated on an individual basis and may affect whether faculty who otherwise meet the criteria for the Clinical X series are appointed in a Senate faculty series. The recommendation would establish a blanket exception, which the Chancellors currently have the authority to issue under the APM, while retaining the requirement that the faculty member's sole professional commitment be to the UC, which is also an APM policy requirement. Currently, the APM policy that applies to the Health Sciences Clinical Professor series allow for full-time or part-time appointments, while the Clinical X series requires that an individual exception process be initiated for a part-time appointment.

An individual exception process is also required for all other faculty series in the Academic Senate and Chancellors may want to similarly consider a blanket exception for other Senate faculty series. However, the Task Force's recommendation in the Report related to the Clinical X series only because the Task Force narrowly focused on faculty who may have been appointed in the Health Sciences Clinical Professor series rather than the Clinical X series due to the Task Force charge focusing on clinical faculty.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

During the Task Force deliberations, the Task Force found that although the different performance requirements and evaluation standards for each faculty series are set forth in the APM, there are sometimes misunderstandings among faculty in the different series as to what qualifies as scholarly or creative activities for the different series. The Task Force, therefore, concluded that each campus should adopt a process for implementing Recommendation #3 that works best for them, with input and support secured from non-Academic Senate clinical faculty, as to advancement and promotion processes for non-Academic Senate clinical faculty only.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

As the Task Force evaluated the issues and principles underlying Recommendations #1-3, the members concluded that some faculty may be misclassified in their current faculty series. The Task Force, therefore, recommends that each location establish a timely and efficient re-classification process for faculty who may be misclassified if they are required to perform all the duties of another faculty series, or they are not required to perform all duties of their own series.

In its deliberations, the Task Force noted that the current reclassification process at most campuses requires an open recruitment to be conducted. The Task Force concluded that the requirement of an open recruitment process could be waived by the Chancellor who has authority to do so per policy, provided that a review process of the faculty member's duties confirms they are indeed misclassified in the wrong series. Each campus should have the flexibility to determine the specific reclassification process for receiving and reviewing files, with guidance from the Office of the President, and in compliance with applicable laws and policies.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.

In 2024, Academic Senate leadership proposed the formation of a systemwide Special Committee of the Academic Council, with a local counterpart that aligns with local governance structures, to provide a structure unique to UC for treating all faculty in the health sciences (Academic Senate and non-Academic Senate faculty) as partners. The Task Force agrees with this model and envisions that the systemwide Special Committee would convene meetings and invite leaders from Academic Affairs, UC Health, Academic Senate, the Medical Centers, and other offices to join, as needed. The systemwide Special Committee would include a clinical faculty representative from each Health campus and would have a local structure as well.

While the entire University community has an opportunity to submit comments during systemwide review of draft revisions to University policies, including the APM, there is no established systemwide structure for non-Academic Senate clinical faculty to consolidate clinical faculty feedback and comments. The Academic Council has an established structure for Academic Senate members to submit and consolidate comments in response to systemwide review of policies. The Task Force envisioned the systemwide Special Committee would provide a structure for providing comments and feedback from non-Academic Senate clinical faculty on University policies.

The proposed structure, membership, voting arrangements, and three-year review process are described in the Report.

In conclusion, we thank the members of the Task Force for their dedicated work and service in formulating recommendations that recognize the important contributions of all clinical faculty to the University of California's mission.

Sincerely,

Howard Gillman
Chancellor
UC Irvine

Michael K Ong
Professor in Residence
UCLA

DMS 8

Attachment: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

cc: Task Force Members
Systemwide Academic Senate Chair Scott
Systemwide Academic Senate Vice Chair Nuru-Jeter
Vice President and Chief of Staff Jenny Kao
Chief Policy Advisor Marisa McAuliffe
Deputy Provost Lee
Associate Vice President Deena McRae
Senior Strategic Advisor Bernstein

Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Executive Summary and Overview

Clinical faculty in academic health at the University of California are essential to the teaching/mentoring mission, the advancement and creation of knowledge, and University/public service; they occupy a special place in higher education with unique functions and responsibilities. In health sciences education, the orientation to clinical practice (essential to the teaching function) requires an emphasis on sophisticated patient care, in addition to an emphasis on research/scholarly achievements and the advancement of knowledge. In medicine, dentistry, nursing, pharmacy, veterinary medicine, and other health sciences education, clinical teaching is integrated with basic and applied research. The University of California is committed to excellence in instruction, research/scholarly achievements, and public service in the health sciences just as it is committed to the same goals in all other academic disciplines. As a public university in California authorized to grant professional doctoral degrees in the health sciences, the University has a responsibility to maintain the breadth and depth of its curricula, the creativity of its research/scholarly efforts, and the quality of its health care services. To ensure the level of excellence essential in the University of California, special effort must be exerted to recruit and retain the best and most dedicated clinical faculty.

The growth of the University of California's health mission has raised issues on how best to integrate clinical faculty into University governance. The Presidential Task Force on Clinical Faculty Representation in Governance ("Task Force"), co-chaired by UC Irvine Chancellor Howard Gillman, Ph.D., and UCLA Professor in Residence of Medicine and Health Policy and Management Michael Ong, M.D., Ph.D., was convened by UC President James B. Milliken in June 2026. The Task Force was charged (*see* Appendix A for the Task Force Charge) to focus their work on what governance model(s) provide greater representation for clinical faculty and is best suited for the University of California.

The Task Force met five times from June through August, including at an all-day in-person convening, culminating in the delivery of a final report to President Milliken on August 28, 2026. The Task Force members reflect a diverse group of individuals, including representation from the Academic Senate, Academic Affairs, UC Health, UC Medical Center leadership, campus leadership, and UC health science schools as well as support from Systemwide Academic Personnel, UC Health, and UC Legal.

Pursuant to the charge from President Milliken, the Task Force evaluated different governance models and in determining what is best suited to the University of California, the Task Force formulated its recommendations within the existing governance structure of the University and how the Academic Senate is organized through its established bylaws and regulations, as fundamental reorganization of the current governance structure at the University did not seem warranted or possible. In considering avenues to provide greater representation for clinical faculty, the Task Force first recognized that clinical faculty in the Clinical X, In-Residence, and

Ladder Rank series are already engaged in shared governance as members of the Academic Senate. However, the majority of clinical faculty are in the Health Sciences Clinical Professor series (HSCP) and do not participate in shared governance through the Academic Senate. The number and percentage of faculty in each academic series are provided in Appendix B.

The Task Force was charged with evaluating the differing roles, responsibilities, and evaluation criteria across UC faculty series to recommend a governance model that ensures appropriate representation among faculty. In doing so, the Task Force established the following guiding principle that serves as the foundation for its recommendations: faculty who are fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates should have a role in the shared governance of the University through the Academic Senate. In addition, the Task Force believes that clinical faculty, both Academic Senate and non-Academic Senate, should have access to a systemwide committee to advise and deliberate on systemwide matters.

This guiding principle led to the following task force recommendations, which will support and expand participation by clinical faculty in the governance of the University of California through the Academic Senate and will also provide a meaningful systemwide voice for clinical faculty who are not in the Academic Senate:

1. Remove the 1/6 cap on the Professor of Clinical X series.
2. Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.
3. Engage campus Committees on Academic Personnel (CAP) on the review criteria for the different clinical disciplines and different faculty series to provide clarity and consistency. Include representation from clinical faculty series on clinical faculty reviews.
4. Establish a timely and efficient re-classification process at each location for faculty who are currently misclassified in their faculty series appointment.
5. Implement a systemwide Special Committee and divisional committees/local counterparts that align with local governance structures to provide clinical faculty (Academic Senate and non-Academic Senate) with an avenue for advising Academic Affairs, UC Health, UC medical centers, and other offices on priorities, operations, and policies. A special committee of the Academic Council at the systemwide level should be created to facilitate access to, and participation in, Academic Senate committees, thus establishing a formalized structure to provide advice on systemwide matters.

Background on Roles and Responsibilities Across Different Faculty Series

The Regents recognize that faculty participation in the shared governance of the University of California through the agency of the Academic Senate ensures the quality of instruction, research, and public service at the University and protects academic freedom. Under Regents Bylaw 40.1:

> The Regents recognize that faculty participation in the shared governance of the University of California through the agency of the Academic Senate ensures the quality of instruction, research and public service at the University and protects academic freedom. The Academic Senate shall perform such duties as the Board may direct and shall exercise such powers as the Board may confer upon it. The Academic Senate, subject to the approval of the Board, shall determine the conditions for admission and for certificates and degrees, and recommend to the President all candidates for degrees. The Academic Senate shall authorize and supervise all courses and curricula, except in the Hastings College of the Law, in professional schools offering work at the graduate level only, and over non-degree courses in the University Extension. No change in the curriculum of a college or professional school shall be made by the Academic Senate until such change shall have been submitted to the formal consideration of the faculty concerned. The Academic Senate may select committees to advise the President and Chancellors on campus and University budgets and, through the President, or to the Regents directly by a formal Memorial, may address the Board on any matter pertaining to the conduct and welfare of the University.

Currently, among the different faculty series, the Professor - Ladder-rank, Professor of Teaching, Professor in Residence, and Professor of Clinical X series are in the Academic Senate. There are faculty in all these series who are in the health sciences. The Health Sciences Clinical Professor (HSCP) series (all are clinical faculty) and Adjunct Professor series (some are clinical faculty) are policy-covered faculty that are not in the Academic Senate. Lecturers are teaching-only faculty who are represented by a union and are covered by a collective bargaining agreement.

As background, the table in Appendix B summarizes the different series and their requirements as set forth in the Academic Personnel Manual (APM), which are the personnel policies that apply to faculty. A more detailed description of each series and their requirements is also provided in Appendix B.

Task Force Recommendations

In developing its recommendations, the Task Force relied on the foundational principle that clinical practice/academic health sciences are essential to the teaching/mentoring mission, the advancement and creation of knowledge, and is a University/public service. The criteria by which clinical faculty contributions are evaluated should reflect the unique functions and responsibilities of academic health. These criteria are reflected in the Academic Personnel Manual (APM 210) and are set forth in Appendix B.

The Task Force members generally agreed that not all academic appointees, including faculty, should be in the Academic Senate and engage in the formal shared governance of the University, though this was not unanimous. Members agreed that when faculty are fully engaged in the comprehensive mission of the University, appointed at 80%-100% effort, and have their sole professional commitment to the University and its affiliates, they should have a role in the shared governance of the University through the Academic Senate.

The Task Force determined that faculty within the HSCP series have significant heterogeneity of roles. As such, there are faculty currently within the HSCP series who meet the qualifications of faculty in the In-Residence, Clinical X, and Professor of Teaching series, and thus, should participate in shared governance through the Academic Senate. Faculty whose role is limited to the important responsibility of patient care without contributions to teaching, research/scholarly/creative activities and service outside of their health system's clinical focus do not meet the qualifications expected of members of the Academic Senate and need an alternate strategy for having a voice in decisions that impact the important work they do.

The Task Force concluded that all clinical faculty make significant contributions to the University's academic mission and should have access to and participate in systemwide and campus/divisional Senate committees to advise and deliberate on matters that are important to their employment at the University of California and their professional work environment. In addition, the Task Force concluded that there are some faculty across the system who are currently misclassified as they are required to perform all the required duties of another faculty series, or they are not required to perform all required duties of their own series and may be more appropriately in a different title.

Based on those foundational principles, the Task Force submits the following recommendations:

1. **Recommendation #1:** Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.

The University of California governance structure has served it well for over a century, particularly shared governance with its faculty through the Academic Senate. Over time and with the growth of University of California Health missions, new faculty series have been introduced. For some faculty series, such as the Professor of Clinical X series, restrictions were placed on the number of total faculty that could be in those series. All Academic Senate faculty are expected to contribute to three missions of the University of California: (1) teaching and mentoring; (2) research, scholarly, and/or creative work; and (3) University and public service. All Academic Senate faculty, including clinical faculty, are also expected to engage in professional competence and activity.

The Task Force concluded that although the 1986 Academic Senate Memorial placed a ceiling on the number of faculty in the Professor of Clinical X series, there is no reason to limit the number of faculty appointed in the Clinical X series when they are required to engage in all areas of the academic mission, are required to be separately reviewed on all four areas of contribution, and

their sole professional commitment is to the University and its academic affiliates. The relevant existing policy provisions (APM 275-16.f) provide that:

> (1) In order to maintain an appropriate balance in the health sciences schools between research and education and clinical service, the Chancellor, in consultation with the Senate, may establish a quota on the number of appointments in this series. If so desired, a quota may be set for each school or department.
>
> (2) If the number of appointees in the series exceeds 1/6 of all local Academic Senate members in all the clinical departments on the campus, a Senate committee will review the appropriateness of adding new members to the Professor of Clinical (e.g., Medicine) series. For purpose of calculating the 1/6 ratio, current appointees to the Professor of Clinical (e.g., Medicine) series are to be included in the number of all Senate members, and all Emeriti Senate members are to be excluded.

Currently, UC Davis and UCSF have no cap on the number of faculty in the Professor of Clinical X series. Since there is no cap at these two campuses, there is a much greater proportion of faculty in the Professor of Clinical X series than there are at the other campuses. UC Irvine and UC Riverside currently do not have a specified upper limit on the number of faculty in the Clinical X series, while UCSD increased their limit from 33.3% to 50% as of AY2026-27 and UCLA's cap is at 20%.

The Task Force recommends that all campuses should lift the cap, if they have not done so already, following a divisional Academic Senate review and consultation process. Any corresponding APM revisions can be made at a later date.

2. **Recommendation #2:** Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.

The Task Force recommends that each Chancellor issue a blanket exception that faculty in the Clinical X series may be appointed at 80%-100% time as long as the appointee's sole professional commitment is to the University and its academic affiliates. Currently, APM 275-16 provides that "an appointee holding a title in this series either must be a full-time academic employee of the University, or be certified by the Chancellor that the appointees' sole professional commitment is to the University." Under current policy, the Chancellors have the authority to issue a blanket exception if there is confirmation of the faculty member's sole professional commitment to the University and its academic affiliates, which faculty already are required to submit through their outside professional activities annual reporting. Then, any corresponding revisions to the APM can be made at a later date.

3. **Recommendation #3:** There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

The campus Academic Senate Committees on Academic Personnel (CAP) should (1) be sensitive to and continue to be familiar with the different review criteria for the different clinical disciplines and different faculty series and should designate an advisor who is in the particular faculty series under review to advise on the review, (2) nominate and include non-Academic Senate faculty members in the review committees for non-Academic Senate clinical faculty reviews, and/or (3) establish a separate clinical Committee on Academic Personnel that include both Academic Senate and non-Academic Senate clinical faculty members.

Each Academic Senate Division should determine what process works best for them, with input and support secured from non-Academic Senate clinical faculty, as to advancement and promotion processes for non-Academic Senate clinical faculty. Systemwide guidance from the Office of the President's Systemwide Academic Personnel and Faculty Affairs and Academic Programs offices should be provided, consistent with the requirements in the Academic Personnel Manual, which are briefly summarized in Appendix B to this report.

4. **Recommendation #4:** Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

The Task Force believes the barriers that impede the assignment of clinical faculty to the Clinical X series, even when their work is compatible with the Clinical X series, have resulted in mis-assignment of Clinical X-qualified faculty to the Clinical faculty series. As such, we recommend that current restrictions on the number of Clinical X series faculty be removed (Recommendation #1) and that Clinical X faculty be allowed to work 80%-100% effort (Recommendation #2).

As a result of the above restrictions, the Task Force identified that there are some faculty in the HSCP and Adjunct Professor series who may be misclassified and should have been appointed in the In-Residence, Clinical X, or Professor of Teaching series. As the Task Force evaluated the different faculty series, it also became apparent there may be some clinical faculty who are engaging in patient care only, without engaging in the other missions of the University.

The Task Force recommends that campuses identify a pathway and timely process for individuals who are misclassified in a faculty series to be reclassified into the appropriate faculty series that reflects the work they are required to perform. Each campus should have the flexibility to determine the specific reclassification process they will use for receiving and reviewing files, with guidance from the Office of the President's Systemwide Academic Personnel office, Faculty Affairs and Academic Programs office, and UC Legal. The reclassification process (e.g., via open pool recruitments or reclassification at reappointment, academic review, or other appropriate time) should be implemented in a timely and expeditious manner at each location.

5. **Recommendation #5:** Implement the Formation of a Special Committee of the Academic Council

In 2024, Academic Senate leadership proposed the formation of a systemwide Special Committee of the Academic Council ("Special Committee"), with a divisional committee or local

counterpart ("local counterpart") that aligns with local governance structures, to provide a representation structure unique to UC, treating all faculty in the health sciences, including faculty in the HSCP series and the Adjunct Professor series, as partners. Although neither the local nor the systemwide committee would confer Academic Senate membership, it leverages existing Academic Senate structures and provides all clinical faculty (Academic Senate and non-Academic Senate) an avenue to have a voice in systemwide, academic, operational, and clinical matters. Task Force members agree that these committees, particularly the systemwide committee, are an important step in elevating clinical faculty voices.

This systemwide Special Committee, and the local counterparts, are intended to provide inclusive support for all faculty in the health sciences by engaging the growing clinical workforce, enhancing governance, facilitating campus and systemwide interactions, and promoting clinical faculty wellness. Through the Special Committee, clinical faculty will have an avenue for advising Academic Affairs, UC Health, and UC medical centers on systemwide priorities, operations, and policies, in addition to facilitating access to Academic Senate committees, and establishing a formalized structure to provide feedback on systemwide policies.

Below is the proposed organizational structure:

Membership of the Special Committee would consist of one or more clinical faculty representatives from each campus with a health enterprise or health science school with clinical activity, an at-large chair and vice chair, and other at-large and ex-officio members who may be clinical or non-clinical faculty. The Special Committee would be inclusive of clinical faculty in both non-Academic Senate (HSCP and Adjunct Professor series) and Academic Senate (Clinical X, In-Residence, Professor of Teaching, and Ladder) series appointees. In addition, the local counterparts will include advising campus health enterprise administrators on priorities, operations, and policies related to academic and clinical activities and liaising with the systemwide Special Committee and coordinating with relevant Academic Senate committees.

Non-Academic Senate clinical faculty on the Special Committee and its local counterparts should serve with full voting rights by exception or through divisional Academic Senate bylaw amendments, consistent with divisional policies. In addition, the Task Force recommends that there be a clinical faculty representative (members of the Special Committee and divisional committees) to the relevant Academic Senate committees (e.g., Faculty Welfare, Planning and Budget, Task Force on Investments and Retirement, Health Services Task Force, and Academic Personnel).

The Task Force recommends that the Special Committee and the local counterpart structure should be reviewed in three years to determine if this model sufficiently captures the expertise and voice of clinical faculty at the local and systemwide levels, as well as whether it proves helpful in improving the well-being and roles of clinical faculty related to both the academic and clinical missions.

Fiscal Impact

The fiscal impact is comprised of the budget, staff, and faculty time for the new committees at systemwide and local-levels; faculty and staff time associated with conducting the academic reviews for reclassification; each divisional Academic Senate and the systemwide Academic Senate may need additional staff FTE to support these committees, and costs associated with systemwide meeting travel expenses. There may be additional costs associated with the reclassification of faculty to their correct series if there are salary differences.

Appendices

Appendix A: Task Force Membership and Charge

Task Force Charge

Peer institutions have encountered similar questions as the scale and complexity of academic health systems have increased, prompting corresponding adaptations to faculty governance structures. This task force is asked to review and evaluate these models and assess their potential usefulness to the University of California. Based on this assessment, the task force may recommend one or more existing approaches or propose alternative models for consideration.

Key Questions:

The task force shall address the following key questions, with the understanding that additional questions might arise with further inquiry and discussion:

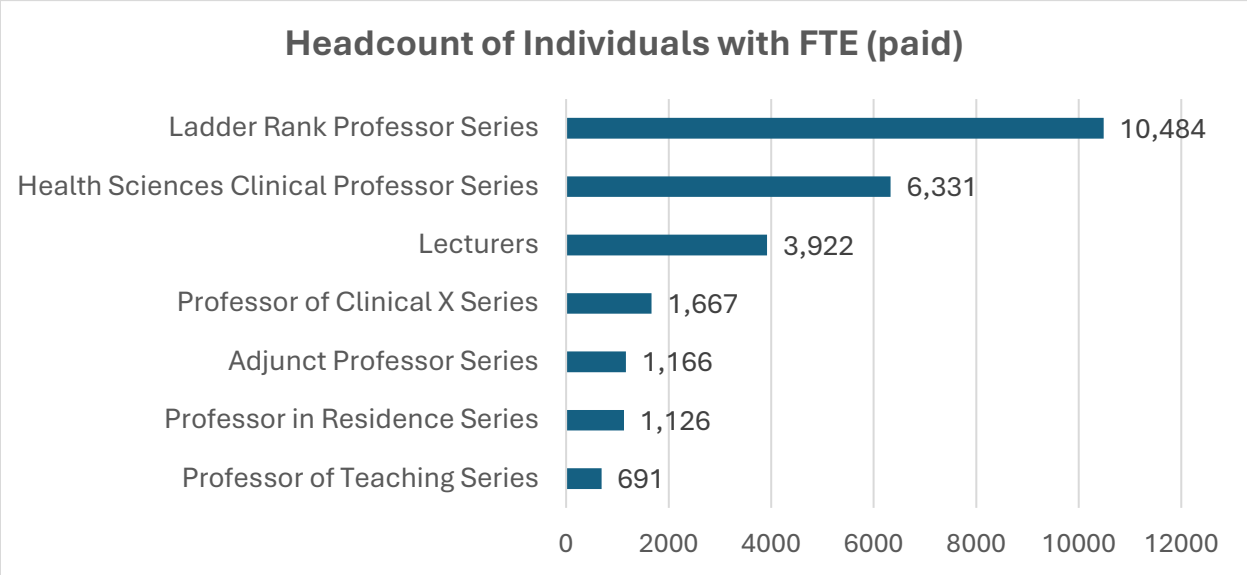
- What governance model is best suited for the University of California?
- In light of differing roles, responsibilities, and evaluation criteria across UC faculty series, how might a governance model be designed to ensure appropriate balance and representation among the faculty?
    - If such balance can be achieved in a single governance body, how would that be achieved?
    - If not, how might multiple or separate bodies achieve this objective?
- To what extent would potential governance models under consideration support meaningful participation by clinical faculty in matters of importance to UC Health?
    - Any proposed model should be described in sufficient detail to enable evaluation through systemwide review processes.
    - What resources would be required to implement the recommended model(s), and what potential funding sources should be considered?

Appendix B: Faculty Composition and Background on Academic Senate Membership

Requirements by Faculty Series

	Ladder Rank – Professor Series APM 220	Professor In Residence Series APM 270	Professor Clinical X Series APM 275	Professor of Teaching Series APM 285	HS Clinical Professor Series APM 278	Adjunct Professor Series APM 280	Lecturers Unit 18 CBA
Teaching	✓	✓	✓ (primary)	✓ (primary)	✓ (primary)	✓ (may be primary and heavily weighted more than other duties)	✓
Research/Creative Activity	✓	✓				✓ (may be primary and heavily weighted more than other duties)	
Scholarly Achievement/Creative Activity			✓	✓ (and/or)	✓		
Professional Competence and Activity	✓	✓	✓ (primary - clinical)	✓ (and/or)	✓ (primary - clinical)	✓	
University and Public Service	✓	✓	✓	✓	✓	✓	
Eligible for Tenure	✓						
Academic Senate Membership	✓	✓	✓	✓			
Percent Time	100%	100%	100% or WOS	100%	0-100%	0-100%	0-100%

Below is the headcount of paid appointments in each faculty series:[1]



According to the standards set forth in the APM, faculty in the Professor of Clinical X series and in the Professor of Teaching series are required to have exemplary performance in all areas of the academic mission, with teaching excellence and professional competence and activity weighted more heavily. Faculty in the HSCP series require exemplary performance in teaching and professional competence, and their activities in scholarly/creative activity and University/public service are derived from their primary responsibilities in clinical teaching and patient care services. The scholarly/creative activity and University and public service are broadly defined to take into account the primary emphasis on clinical teaching and patient care services. Faculty in the Adjunct Professor series may predominantly engage in research/creative work or may predominantly engage in teaching.

APM 210-1 requires that faculty in the Ladder-rank Professor series and In-Residence series engage in research or creative work, with research being the creation of new knowledge in the discipline. The resulting work must appear as published research subject to peer-review, including through journal articles, books, conference papers, and other research products. Creative activity is the contributions by faculty members to the professional literature or to the advancement of professional practice or professional education, when they present new ideas or original scholarly work. As noted in APM 210-2.b.3, "Many faculty in the health sciences devote a great proportion of their time to the inseparable activities of teaching, mentoring, and clinical service and, therefore, have less time for formal creative work than most other scholars in the University. Some clinical faculty devote this limited time to academic research activities; others utilize their clinical experience as the basis of their creative work."

[1] There are also approximately 3,000 faculty in the Health Science Clinical Professor series who have the Without Salary designation because they are paid by an academic affiliate such as VA hospitals and county medical centers. There are also approximately 2,200 staff physicians (MSP) systemwide who are engaged in patient care only and are not faculty.

For a faculty member in the Clinical X series to be appointed or promoted to the Associate or full Professor rank, the faculty member must make a significant contribution to knowledge and/or practice in the field. The appointee's creative work must be disseminated, for example in a body of publications, in teaching materials used in other institutions, or in improvements or innovations in professional practice that have been adopted elsewhere. In addition to publications, faculty in the Clinical X series may show evidence of scholarly activities in clinical case reports, clinical observations, improvements in the practice of health care, the development of innovative programs in health care, transmitting knowledge associated with new fields or other professions, and the development of new or better ways of teaching the basic knowledge and skills required by students in the health sciences.

Similarly, appointment or promotion to the Associate Professor of Teaching title requires evidence of sustained professional and/or scholarly achievement and activity and appointment or promotion to the full rank requires evidence of consistent and sustained professional and/or scholarly achievement and activity, which includes original materials designed to improve learning outcomes, evidence-based design and evaluation of educational curricula or pedagogy, administration and evaluation of a teaching program or a learning center, systematic quality improvement programs and evaluation of their implementation, discipline-specific information systems, development and evaluation of community outreach or community-oriented programs, authorship or scholarly or professional publications, accomplished performance, artistic, or literary creation, and seminars or lectures at other institutions or before professional societies.

Scholarly or creative activities for faculty in the HSCP series are to be evaluated in the context of the faculty's academic and professional responsibilities and the time available for creative activity. To be appointed or promoted to the Associate Professor or Professor rank in this series, the individual's record is expected to demonstrate contributions to scholarly, creative, or administrative activities. Unlike the Clinical X and Professor of Teaching series, the contributions do not need to be significant, sustained, or consistent, and do not need to be evaluated as separate and distinct from their clinical teaching or clinical practice. Evidence may include, but is not limited to, the following examples of such activity: participation in platform or poster presentations at local, regional, or national meetings; development of or contributions to educational curricula; development of or contributions to administration of a teaching program; participation in the advancement of professional education; participation in research, not necessarily as primary or independent investigator; first, senior, or collaborative authorship of peer-reviewed research papers; publication of case reports or clinical reviews; development of or contributions to administration (supervision) of a clinical service or health care facility; development of or contributions to clinical guidelines or pathways; development of or contributions to quality improvement programs; development of or contributions to medical or other disciplinary information systems; participation in the advancement of university professional practice programs; development of or contributions to community-oriented programs; or development of or contributions to community outreach or informational programs.

The issuance letter for APM 278 and APM 210-6 (the HSCP series), stated as follows: “The evidence required to establish research or creative accomplishment is a continuum based on series expectations, from minimal engagement in the non-Senate Health Sciences Clinical Professor series, where creative activities are subordinate to teaching and clinical service, to the Professor of Clinical X series, where intellectual contributions are significant components of a dossier for Senate-series clinical educators, to the Ladder-rank Professor series and the Professor in Residence series, where research or creative activities and achievement are a fundamental component of a dossier for a Senate-series appointment. Health Sciences Clinical Professors are faculty whose primary duties are clinical teaching and clinical practice within the health sciences professions who are expected to engage in scholarly or creative activity in the context of clinical duties and in University and public service.”

In APM 210, which sets out the review criteria for the different faculty series, the Professor of Clinical X series and the Professor of Teaching series are required to exhibit exemplary performance in all areas but for the Clinical X series and the Professor of Teaching series, excellent teaching and professional competence and activity will be more heavily weighted than scholarly/creative achievements and University/public service, though all areas will be evaluated separately. With respect to the HSCP series, activities in scholarly/creative activity and University and public service are derived from their primary responsibilities in clinical teaching and patient care services, and thus shall be appropriately weighted and broadly defined to take into account the primary emphasis on clinical teaching and patient care services. That means that the HSCP series may demonstrate creative or scholarly agenda in other ways that are related to the specific discipline and clinical duties.

October 2026

UCLA Academic Affairs and Personnel Office Data on UCLA Clinical Faculty

- Current number of UCLA faculty in the following series:

  UCLA full-time, part-time, or WOS Faculty as of October 16, 2026:
  a. Clinical X: **N = 156**
  b. Professor in Residence: **N = 421**
  c. HS Clinical (non-Senate): **N = 3066**

- Has UCLA reached its 1/6 cap?
  Yes, the proportion of Professors of Clinical X on non-Emeritus Senate faculty in the clinical departments is **17.8%** (156 out of 874)**.** The percentage has exceeded the limit of 16.7% or 1/6 cap and is below UCLA's current limit of 20% on the Clinical X series.

- A change in series action can be the result of a recommendation made during a merit or promotional review or the result of a reclassification request from an individual whose duties may not be aligned to the appropriate title series. The table below shows the numbers of approved change in series actions related to the series of Clinical X, In-Residence and HS Clinical Comp during AY 2025-26.

  AY 2025-26 Approved Change in Series Actions (N=29)

Change in Series **FROM**	# Change In Series FROM	Change in Series **TO**	# Change In Series TO
Clinical X	3	In Residence	0
		HS Clinical	0
		Other Academic Series	3
In Residence	8	Clinical X	0
		HS Clinical	4
		Other Academic Series	4
HS Clinical Comp	14	Clinical X	8
		In Residence	4
		Other Academic Series	2
Other Academic Series	4	Clinical X	0
		In Residence	4
		HS Clinical	0

- Full-time and part-time status for the Professors of Clinical X
  97% (152 out of 156) of the Professors of Clinical X hold a full-time appointment while four hold a part-time appointment. Of the four, one has an appointment over 80%.

UCLA Academic Senate
Executive Board

November 2, 2026

Susannah Scott
Chair, UC Systemwide Academic Senate

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Dear Chair Scott,

The UCLA divisional Executive Board (EB) reviewed the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations* and the attached committee/council feedback at their meeting on October 22, 2026. EB members agreed to share the EB advice below as well as those from the divisional councils and committees.

Clinical and health system governance is important and distinct from Senate governance of research and teaching. Health Sciences clinical faculty (HS Clin) have valid concerns about, and interest in, their clinical work environment, which they should have an opportunity to address. The systemwide and campus health system should develop structures where HS Clin can have a voice on health system issues. However, there was a consensus among EB members that the Academic Senate is not the appropriate vehicle for this structure because the Senate's structure reflects the reality that Senate members engage in significant research and teaching of graduate and/or undergraduate students.

UCLA has an established pathway that is available—and has been used—to change faculty appointment series. Some EB members expressed confusion about the report's recommendations because UCLA already has processes in place to consider the cases where HS Clin qualify for, and seek, an appointment in the ClinX or In Residence series. Members acknowledged there may be unevenness between departments and campuses about the efficacy of existing pathways. They suggested making current appointment pathways more consistent rather than creating any new structures or diluting current appointment requirements.

The Executive Board recommends maintaining current faculty appointment standards. EB members disagreed with the DGSOM FEC letter that suggested a more limited review process. They noted that the attached letter from the divisional ClinCAP (a standing committee of the Council on Academic Personnel that reviews HS Clin) affirms upholding the current standards for appointment into ClinX and In Residence series. Members noted that there is no cap on the number of In Residence faculty.

HS Clin are different than Senate faculty series because they neither conduct research nor teach undergraduate students. Senate faculty review each other for tenure and promotion because they all conduct research and teaching. It is unfair to all parties for non-Senate faculty to review Senate faculty.

Allowing voting rights to faculty who do not conduct world-class research and teaching fundamentally changes the Academic Senate and its composition.

EB members raised concerns about unintended consequences. Taken to their logical conclusions, the report's recommendations could result in allowing lecturers and adjuncts to request a new appointment series regardless of available funding or FTE. It could also lead to other employee categories requesting the option of 80-100% employment for reasons of equity and regardless of job duties. The idea of adding non-Senate positions on Senate committees also raised questions of limits: Which ones? How far does it go? Would there be any justifiable reasons for exclusion? EB members worried that any "expansion" efforts would dilute the Senate and undermine its authority and expertise, particularly around research and undergraduate education.

In sum, EB members agreed that HS Clin should have a voice about conditions at the health system, but largely disagreed with the report's prescriptions for achieving that goal. EB members welcomed the reclassification of those in the HS Clin series who had attained the requisite qualifications, and felt strongly that the process should maintain the existing standards for any reclassification and not dilute them for expedience.

The Los Angeles Division appreciated the opportunity to opine on this important subject. We request a standard 60-day review period in the future for similarly important and consequential issues.

Sincerely,

Tim Groeling
Chair, UCLA Academic Senate

Encl.

Cc: April de Stefano, Executive Director, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Catherine Sugar, Vice Chair/Chair Elect, UCLA Academic Senate

UCLA Academic Senate
Committee on Diversity, Equity & Inclusion

To: Tim Groeling, Chair, UCLA Academic Senate

From: Jessica Rett, Chair, Committee on Diversity, Equity and Inclusion

Date: October 20, 2026

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Via independent review, members of the Committee on Diversity, Equity, and Inclusion (CODEI) considered the Presidential Task Force on Clinical Faculty Representation in Governance's report and recommendations. Members share the following comments for consideration.

The committee is principally worried about issues of equity (in terms of which faculty earn senate membership) and inclusivity (in terms of whether Senate faculty are representative of the student population they serve).

Comments on the report's recommendations:

1. Members shared confusion about Recommendation 1, to lift the 1/6 cap on appointments in the Professor of Clinical X series. They questioned whether this change would prompt faculty in the Health Sciences Clinical Professor series to want to move into the Professor of Clinical X series, given that the two series appear to have similar job duties but different in Senate membership. We see this as an inclusivity issue: if faculty representation in the Senate is meant to be reflective of the student population, given the number of Ladder rank and ClinX faculty who are already members of the Academic Senate, the 300 or so students in the School of Medicine already appear to be disproportionately over-represented. Any change that would increase eligible ClinX faculty in the academic senate runs the risk of further shrinking the representation of non-medical students.
2. Members were not in favor of Recommendation 2, to allow for 80%-100% full professional effort appointments in the Professor of Clinical X series, unless there is a willingness to offer the same professional effort appointments in other Senate job title series across all UC Schools. We see this as an equity issue.
3. Members did not find this Recommendation 3 to be necessary for UCLA, given that the School of Medicine's Committee on Appointments and Promotions (MedCAP) and the Academic Senate's ClinCAP standing committee of the Council on Academic Personnel currently evaluate faculty in both Senate and non-Senate roles according to different, med-school-specific review criteria. Adopting this recommendation would increase redundancy, administrative work for certain med school faculty, and potential confusion.
4. The committee is in favor of Recommendation 4, which encourages each campus to develop a reclassification pathway for faculty who are currently misclassified as senate faculty, or as non-senate faculty. In particular, we see it as an important equity issue to ensure that faculty who are in clinical, non-Senate job titles but whose job duties and responsibilities focus on teaching and research have the same access to senate membership as their counterparts in designated senate jobs.

5. Members are not in favor of the recommendation to form a Special Committee of the Academic Council and local divisional committees to provide representation to Senate and non-Senate clinical faculty within the Academic Senate. Instead, members recommended that there be subcommittees formed that report to the appropriate Faculty Executive Committees of each Medical School instead. Furthermore, in the event that Academic Senate membership is extended to more health sciences clinical faculty, it would seem redundant to create a separate committee devoted to faculty in the health sciences when they are also integrated into Academic Senate service through the committees and channels available to all Academic Senate members.

General feedback on the report:

- Members relayed concerns that job duties and priorities of many clinical faculty do not look like those of traditional Senate faculty. Often clinical faculty must follow the priorities of the Healthcare Systems, which places less value on teaching, research, or mentorship and requires faculty to focus on generating clinical and patient related revenue. Many clinical faculty are recruited and hired not to meet the needs of the University and its students, but rather to meet the needs of the Health System to grow its geographical reach and income.
- Members shared concerns about the potential for faculty in the health sciences to be overrepresented in the UCLA Academic Senate and noted that the report does not address the potential ramifications on divisions if the health sciences are suddenly overrepresented in shared governance.
- They noted that there is a danger that the diversity of voices representing and advocating for those programs furthest away from health sciences (e.g., humanities and the arts) will be significantly overshadowed by faculty whose clinical focus often does not include the same kinds of teaching, research and mentorship responsibilities to which Senate faculty traditionally devote their time.

We appreciate the opportunity to review the report and provide comments. If you have any questions, please do not hesitate to contact me at rett@ucla.edu or via the Committee analyst, Tara Hottman at thottman@senate.ucla.edu.

cc: April de Stefano, Executive Director, UCLA Academic Senate
Tara Hottman, Senior Policy Analyst, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Catherine Sugar, Vice Chair, UCLA Academic Senate

UCLA Academic Senate
Council on Research

October 20, 2026

To: Tim Groeling
Chair, Academic Senate

From: Judith Currier
Chair, Council on Research

Re: Systemwide Senate Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

At its meeting on October 7, 2026, the Council on Research (COR) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. Members offered the following comments.

Members expressed support for efforts to provide Health Sciences faculty with more meaningful opportunities to participate in shared governance. They noted that many faculty in the Health Sciences Clinical Professor series make substantial contributions to the university through teaching, clinical service, scholarly activity, and creative work, yet do not have Senate membership and therefore have limited avenues for participation in campus governance. Members supported the proposal to expand access to the Health Sciences Clinical X series by increasing flexibility around the current cap on appointments in that series. There was also support for ensuring that faculty are placed in the proper series. While recognizing the need for appropriate oversight of Senate membership and its composition, members generally supported exploring mechanisms that would broaden representation for Health Sciences faculty and provide greater opportunities for input into governance and academic personnel matters.

If you have any questions for us, please do not hesitate to contact me at jscurrier@mednet.ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu.

cc: Megan McEvoy, Immediate Past Chair, Academic Senate
Catherine Sugar, Vice Chair/Chair Elect, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Associate Director, Academic Senate
Members of the Council on Research

UCLA Academic Senate
Council on Academic Personnel

To: Tim Groeling, Chair, Academic Senate

From: Lieven Vandenberghe, Chair, Council on Academic Personnel

Date: October 20, 2026

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

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At its meeting on October 13, 2026, the Council on Academic Personnel (CAP) discussed the Systemwide Senate Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

UCLA has existing procedure for changes in series (The CALL: Appendix 26):

> "A change in series recommendation usually occurs when an individual's participation in teaching, research, and service has shifted from the original appointment criteria. Unlike that of an appointment action, individuals being proposed for a change in series have already clearly demonstrated the qualification of appointment to the series in which their appointment currently resides. A change in series, or transfer, in these cases may result in better alignment of the individual to the appropriate series."

There are clear and distinct criteria between the Professor of Clinical X series (APM-210-2, APM-275, The CALL) and the Health Sciences Clinical Professor series (APM-210-6, APM-278, The CALL).

Professors of Clinical X are excellent clinical teachers, with most designing educational programs at a national level, through the development of creative work (as described in APM-210), such as "teaching materials used in other institutions, or in improvements or innovations in professional practice that have been adopted elsewhere," "innovative programs in health care itself or in transmitting knowledge associated with new fields or other professions," and "Textbooks and similar publications, or contributions by candidates to the professional literature and the advancement of professional practice or of professional education."

Health Sciences Clinical Professors are excellent clinical teachers, but their teaching is often limited to within the University of California, and as the task force report describes, their creative activities "do not need to be significant, sustained, or consistent." Only the most distinguished Health Sciences Clinical Professors at Above Scale require national recognition for their work.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

CAP has existing guidance on the review criteria for different disciplines and different faculty series, including for Health Science Clinical Professors' scholarly or creative activity. CAP continues to create new guidance and update existing guidance as needed. The CALL additionally provides detailed review criteria for the Professor of Clinical X (The CALL: Appendix 7) and Health Science Clinical Professor series (The CALL: Appendix 8). The Senate opined on the most recent revisions to the Health Sciences Clinical Professor, Volunteer Clinical Professor, and Clinical Associate series sections of the CALL in 2018.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series. and Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.
Members did not oppose Recommendations #1 and #2, but noted that due to the high requirements of the Professor of Clinical X series and the distinct criteria of the two series, they anticipate that only a small proportion of Health Sciences Clinical Professors may be eligible for, or interested in, such a change in series if these restrictions were lifted.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.
Members strongly opposed establishing a systemwide special committee, describing it as "another central bureaucracy." Members argued that governance issues at UCLA should be resolved locally rather than through systemwide oversight.

Members observed that Health Sciences Clinical Professors' dissatisfaction is driven primarily by issues such as compensation, working hours, and clinical volume pressures. Some members were concerned that the focus of the proposal on reclassification was misguided and will create additional burden for clinical faculty, who will be subject to increased creative work and service requirements in the Professor of Clinical X series, and whose core workplace concerns will not be addressed through the governance mechanisms available through the Academic Senate.

Thank you for the opportunity to review and comment. If you have any questions, please do not hesitate to contact me at vandenbe@ee.ucla.edu or via the Council's analyst, Lori Ishimaru, at lishimaru@senate.ucla.edu.

cc: April de Stefano, Executive Director, Academic Senate
Lori Ishimaru, Principal Policy Analyst, Academic Senate
Members of the Council on Academic Personnel

UCLA Academic Senate
Council on Planning & Budget

October 20, 2026

To: Tim Groeling
Chair, Academic Senate

From: Andrea Kasko
Chair, Council on Planning and Budget

Re: Systemwide Senate Review: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

At its meeting on October 19, 2026, the Council on Planning and Budget (CPB) reviewed and discussed the Presidential Task Force on Clinical Faculty Representation in Governance report and recommendations. Members offered the following comments.

In general, CPB members expressed concerns regarding the report's recommendations and some expressed confusion about the motivation for this report. Considering the Academic Senate's prior votes on related memorials, CPB members questioned the need to implement the report's proposed recommendations and cautioned against the adoption of recommendations that could effectively bypass previous Senate decisions/outcomes. While members acknowledged that more limited changes to clinical faculty representation may be appropriate, they were concerned that the proposal, as presented, could alter the balance and composition of the Academic Senate and have broader and more serious implications for shared governance. Members stated that meaningful shared governance does not necessarily require conversion to Senate faculty status. Furthermore, this proposal does not address ways in which shared governance could improve or enhance the role of the Senate in decision-making in medical campuses and UC Health.

CPB members noted that Health Sciences Clinical Faculty currently have opportunities for representation through divisional faculty executive committees (FECs) and other governance structures within the medical school(s). Members questioned whether extending Academic Senate membership would provide a reciprocal role in shared governance from the administrative side, that is, whether medical schools and UC Health would seek and accept formal Senate advisement in budgetary decisions (per Regents' bylaw 40.1), for example. Members noted differences between Senate faculty and clinical faculty in appointment structures (e.g., with respect to tenure) and in faculty participation in decisions affecting areas such as clinical operations, patient care, education, and resource allocation. Moreover, CPB members expressed concern about the potential effect of substantially expanding Senate membership to include faculty whose responsibilities are primarily clinical and who have little contact with undergraduate students and limited contact with (academic) graduate students. They noted that

such a change could affect the balance of representation within the Senate, which would not only have implications at individual campuses but on the UC system as a whole. Members also raised questions regarding the relationship between Senate membership and union representation (given the current campaign for representation of clinical faculty), as well as the potential additional workload for Senate committees like the Council on Academic Personnel (CAP), in the academic review and promotion process (especially in the proposed re-classifications). As such, members concluded that these broader governance and structural implications of expanding representation warrant very careful consideration before moving forward with the proposed changes.

If you have any questions for us, please do not hesitate to contact me at akasko@ucla.edu or via the Council's analyst, Elizabeth Feller, at efeller@senate.ucla.edu.

cc: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Elizabeth Feller, Associate Director, Academic Senate
Members of the Council on Planning and Budget

UCLA MEMORANDUM

FACULTY EXECUTIVE COMMITTEE
College of Letters and Science

A265 Murphy Hall
Box 951571
Los Angeles, California 90095

To: Tim Groeling, Chair, Academic Senate, UCLA

Fr: Erin Debenport, Chair, College Faculty Executive Committee

Date: October 20, 2026

Re: Response to (Systemwide Senate Review) Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

The College Faculty Executive Committee (FEC) at UCLA appreciates the opportunity to comment on the Proposed Systemwide Senate Review of the Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance. After a review of the report at the October 16, 2026, meeting, the committee has multiple concerns regarding this report and review.

The Committee noted that the topic of clinical faculty representation in governance was previously considered by the Academic Senate, where members voted against incorporating this series into Senate-aligned roles and structures. Re-introducing this topic after that denial appears to repackage a substantially similar proposal (the 2025 Memorial to the UC Regents to expand voting rights to faculty in the Health Sciences (HS) Clinical and Adjunct series) through alternative mechanisms, undermining the effect of the Senate's prior deliberation. The Committee sees no demonstrated need for these changes that would justify revisiting that decision. In light of the prior vote, some members expressed that the proposed changes are unwanted and unnecessary, and the Committee does not support them.

Members also mentioned that this appears to be a decision driven by the ongoing campaign to unionize Health Sciences faculty. It appears that by shifting these faculty into the Academic Senate would be an effort to move them out of the proposed bargaining unit. This change would also have broader implications for collective bargaining rights and the potential for arbitrary decisions to be made by UCOP.

Finally, the FEC would like to comment on the extremely short and insufficient turnaround time for reviewing and opining on this report. This appears to be a continuation of last academic year's high-stakes items shared for review with an inadequate window of time for the thorough analysis required. Given the implications it proposes to shared governance, it deserves wide circulation and opportunities for thoughtful and thorough feedback.

As always, our membership appreciates the consultative process and welcomes the opportunity to participate in the discussion of important matters like this. You are welcome to contact us with questions.

Sincerely,

College Faculty Executive Committee

UCLA Luskin School of Public Affairs

3250 Public Affairs Building
337 Charles E. Young Drive East
Los Angeles, CA 90095-1656
Office: (310) 206-8858

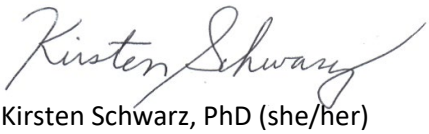
DATE: October 19, 2026

TO: Tim Groeling, Chair, UCLA Academic Senate

RE: Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

The Faculty Executive Committee for the Luskin School of Public Affairs wishes to express our support for clinical faculty representation in UCLA shared governance; however, we do not have strong opinions about the implementation and therefore defer to the taskforce proposal.

Thank you for your consideration.



Kirsten Schwarz, PhD (she/her)
Associate Professor
Urban Planning, UCLA Luskin School of Public Affairs
Environmental Health Sciences, UCLA Fielding School of Public Health
Chair, Faculty Executive Committee (2026-2027)
Luskin School of Public Affairs, UCLA

UCLA Academic Senate
Committee on Privilege and Tenure

October 20, 2026

Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

To: Tim Groeling, Chair, Academic Senate

From: Kristina Bostrom, Chair, Committee on Privilege and Tenure

CC: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Marian M. Olivas, Principal Policy Analyst, Academic Senate
Members of the Committee on Privilege and Tenure

At its meeting on October 14, 2026, the Committee on Privilege & Tenure (P&T) discussed the recommendations of the Presidential Task Force on Clinical Faculty. Following the defeat of two memorials initiated by UCSF which sought to grant Senate membership to HS Clinical and Adjunct faculty, "President Milliken convened the Task Force to consider alternative approaches to clinical faculty participation in University governance."

The Report summarizes its preface with the statement that the committee members "unanimously agreed that all clinical faculty make significant and important contributions to the University's academic mission and should have access to and participate in systemwide and campus processes of shared governance (e.g., Academic Senate and non-Academic Senate committee participation as described in the report) to advise and deliberate on matters that are important to their employment at the University of California and their professional work environment." Committee members noted that this seems to repeat the arguments in the previously defeated motions to make these series Academic Senate members.

While acknowledging that they may be practiced unevenly among divisions, within divisions, and among departments, the Committee first notes that the report does not address all the existing mechanisms Non-Senate faculty in these series could participate in University governance. This includes advising on both non-personnel issues (such as admissions and curriculum) and on non-Senate personnel issues. Within departments, if the right is extended in the departmental bylaws, non-Senate faculty may advise their Senate colleagues on a wide range of issues.[1] Individual department may also incorporate into

[1] Senate Legislative Ruling 12.75 does **not** allow "persons other than Senate members" to participate in final votes that advise University officers or other non-Senate agencies in the name of the Academic Senate. However, Senate "agencies," including departments, may elect to revise their bylaws to give "persons other than Senate members" the right to vote on other questions. That is, departments and divisions have the right to pass a bylaw extending the right to advise Senate faculty on issues to non-Senate faculty.

their bylaws the right for non-Senate faculty to consult with their Senate counterparts on personnel matters.[2]

Non-Senate faculty are also included as part of school-specific Advisory Committees overseeing Health Science Compensation Plan issues. By APM policy, these committees are to be made up of non-Senate faculty as well as Senate Faculty. [3]

Specific Recommendations

Recommendation #1 (to increase the 1/6 cap on Clinical X faculty) and **Recommendation #2** (allow for 80-100% full professional effort appointments in the Professor of Clinical X series.
Some Committee members found the Task Force Report appears to blur the differences between the Senate Clinical X series and the HS Clinical non-Senate series. The Clinical X series, as detailed in APM-210, requires a level of distinction as both an educator and as a recognized expert within their clinical specialty. To the extent that there is a misunderstanding of the differences in the two series, it would be a flawed premise to assert that HS Clinical faculty are only prevented from becoming Academic Senate members because of the 1/6 cap on Clinical X faculty or the restriction on 100% employment.

Other members considered that the Task Force Report is simply documenting a ceiling that some qualified HS Clinical faculty cannot overcome by promotion into the Clinical X series. The Report presents no data on numbers of HS Clinical faculty who would actually qualify for a change in series to Clinical X, but are unable to do so because of the 1/6 cap or the restriction on 100% employment. If, in fact, these caps have made entry into the series nearly impossible for qualified faculty, it would be reasonable to consider relaxing the cap accordingly. We note that creating an effort reduction to 80% for Clinical Faculty creates an inequality with faculty in the In-Residence series who are also required to have full-time appointments in order to be In-Residence members of the Academic Senate.

It would be helpful to have more clarity on the specifics of Recommendations #1 and #2. In addition, since 19900 funding for Clinical X positions is strictly limited, the proposal should address what extramural funding would support increasing the number of funded positions.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series.

Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.

The Committee notes that both of these exist at UCLA as part of the CALL and CAP Guidance. UCLA has a specific version of CAP for HS Clinical members (ClinCAP). Review criteria for the "creative and scholarly" activity of HS Clinical faculty are published as are the mechanisms for a Change in Series. We recommend that UCAP be charged with addressing reasonable consistency among campuses with HS Clinical Faculty.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.
As envisioned, this "Special Committee" would operate under the authority of the Academic Council. Its purpose, according to the report, would be to "provide a structure for providing comments and

[2] See Legislative Ruling 7.06; UCR&J's position is that non-Senate instructional faculty have the right to have their opinions presented to the Administration; but such opinions should be submitted separately from the departments' letter containing the vote and recommendation of Senate members.

[3] A school-specific Advisory Committee which includes Senate and non-Senate faculty members representative of the disciplines and faculty series participating in the Plan shall be established to assist the Dean in resolving the issues that may arise from implementing the Plan. (APM-670)

feedback from non-Academic Senate clinical faculty on University policies." It is unclear if the intent is for this to be a committee made up of both Senate and Non-Senate Health Science faculty who would then meet with "leaders from Academic Affairs, UC Health, Academic Senate, the Medical Centers, and other offices" in order to advise the Academic Council on matters relevant to the Health Sciences.

To the extent that this committee would be addressing "matters falling within the authority and responsibility of the Academic Senate," this would be the appropriate structure as long as the non-Senate faculty on that committee are providing advisory votes which are then conveyed to the Academic Council, which is how all the UC-Senate committees operate.

For Senate advisory matters, it would not be appropriate for a committee made up of only non-Senate faculty to directly advise Administration.[4] Some committee members were opposed to the Special Committee as unnecessary, while others strongly felt that the idea is a positive effort meant to ensure their non-Senate faculty partners are not marginalized.

This recommendation also does not address the additional funding likely needed to staff additional committees at the systemwide and divisional levels. Senate bylaws and legislative rulings do recognize the value of the advice of non-Senate faculty. Seeking advice, feedback, and comments of non-Senate faculty is already available to Senate agencies (Divisional Senates and individual departments). According to Systemwide Bylaw 35§C.2 this would require a bylaw change at the departmental or divisional level.

> Only members of the Academic Senate may vote in Senate agencies and their committees when those agencies or committees are taking final action on any matter for the Academic Senate, or giving advice to University officers or other non-Senate agencies in the name of the Senate. *Persons other than Senate members may be given the right to vote on other questions, such as those that involve only recommendations to other Senate agencies, but only by explicit Bylaw provisions*. [See Legislative Ruling 12.75]

Some School of Medicine departments at UCLA have specified that they have extended an advisory vote to non-Senate faculty for both personnel and substantial department questions.[5] Encouraging departments with Clinical Faculty to consider extending advisory votes would be the most accessible way to expand input from HS Clinical Faculty.

We appreciate the concerns of the faculty on the Task Force and look forward to more time to comment on future proposals.

If you have any questions for us, please do not hesitate to contact me at kbostrom@mednet.ucla.edu or via the Committee's analyst, Marian Olivas, at molivas@senate.ucla.edu

cc: April de Stefano, Executive Director, Academic Senate
Marian Olivas, Principal Policy Analyst, Academic Senate
Members of the Committee on Privilege & Tenure

[4] This would directly contradict the Duties and Powers of the Academic Senate as outlined by Regents Bylaws and Standing Orders. Only the Academic Senate may provide consultation directly to the Administration on matters under their authority and responsibility.

[5] See, for example, the Radiation Oncology bylaws, §X.B

UCLA Engineering
HENRY SAMUELI SCHOOL OF
ENGINEERING AND APPLIED SCIENCE

M E M O R A N D U M

Faculty Executive Committee

TO: Tim Groeling, Chair
Academic Senate

FROM: Irene Chen
Chair, Faculty Executive Committee

DATE: October 19, 2026

RE: School of Engineering Faculty Executive Committee Response, **(Systemwide Senate Review)** Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

To the Executive Board:

The above issue was received on October 1, 2026, for FEC comment due October 20, 2026. The Engineering FEC discussed this issue via email asynchronously due to the abbreviated turnaround.

The Engineering FEC supports the proposed appropriate representation of clinical faculty in the Academic Senate. Unfortunately, the report did not appear to give information on the numerical impact at UCLA, and thus we cannot anticipate the effect size. Given the potential for a large impact, we suggest a progressive and phased implementation approach to prevent rapid or radical changes to faculty representation and accommodate the learning curve for committees and staff affected by the unfunded changes.

Thank you for the opportunity to opine on this issue.

Irene Chen, MD, PhD

Chair, Faculty Executive Committee

Henry Samueli School of Engineering and Applied Science

UCLA Fielding School of Public Health

650 Charles E. Young Dr., South
12-3456 CHS, Box 123456
Los Angeles, CA 90095-1772

October 19, 2026

To: UCLA Academic Senate

From: Catherine Crespi, Chair, Faculty Executive Committee

Re: Report and Recommendations of the Presidential Task Force on Clinical Faculty Representation in Governance

The Fielding School of Public Health (FSPH) Faculty Executive Committee appreciates the opportunity to comment on the Task Force report. We support the Task Force's underlying principle that faculty who are fully engaged in the comprehensive mission of the University, appointed at 80–100% effort, and have their sole professional commitment to the University and its affiliates should have an appropriate role in formal shared governance through the Academic Senate. We also support efforts to ensure that faculty appointment series are appropriately aligned with the duties they are expected to perform.

Rather than commenting on each recommendation in the report, we focus our remarks on a few issues that emerged as particularly important to FSPH in our discussion.

1. **Frame reclassification pathways as opportunities for series mobility and alignment, rather than as correction of "misclassification"**

We have concerns about the framing and implementation of the proposed reclassification process. In particular, we recommend avoiding the term "misclassification." That term may imply that a prior appointment decision was improper and could create unnecessary grievance concerns, especially when faculty roles and responsibilities may evolve over time. We suggest instead that the University focus on creating more regular, transparent, and structured opportunities for faculty to change series when their duties and responsibilities have come to align with the expectations of another series.

2. **Support for more flexible pathways to change series with clear guidance**

We support more flexible pathways for changes in faculty series. At FSPH, movement from Adjunct Professor to Professor in Residence currently generally requires an open search. Because an open search is designed to fill a position, it may not be the most appropriate mechanism when an existing faculty member is already performing duties consistent with the In-Residence series. We encourage consideration of alternative processes that would permit a change in series following rigorous academic review.

The implementation framework should also clarify how prior service would be treated when a faculty member has been performing duties consistent with another series for an extended period. The report does not specify whether a change in series would be entirely prospective or whether prior service might be recognized in determining rank, step, or future advancement. Clear guidance on this point would be important.

3. Acknowledge financial and structural constraints

Finally, we note that procedural pathways alone may not fully address the issue. In settings that rely heavily on soft-money funding, such as FSPH and nonclinical investigators at the David Geffen School of Medicine, faculty may be performing duties consistent with a Senate series but departments may lack the stable funding needed to support appointment in that series. Thus, creating opportunities to change series is useful, but the University should also recognize the financial and structural constraints that may limit their practical effect.

Overall recommendation

Overall, the FEC supports the goal of improving alignment between faculty responsibilities and appointment series, and supports providing campuses with flexibility to develop fair and workable pathways for changes in series. We encourage the University to frame these pathways as opportunities for series mobility and alignment, rather than as correction of "misclassification," and to provide clear guidance on standards, process, prior service, and implementation.

UCLA David Geffen School of Medicine

memorandum

Faculty Executive Committee
Center for Health Sciences
Mail code: 172216
https://medschool.ucla.edu/faculty-and-staff/faculty-resources/faculty-executive-committee

October 19, 2026

To: Tim Groeling, Chair
UCLA Academic Senate

From: DGSOM Faculty Executive Committee
David Geffen School of Medicine at UCLA

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

Dear Chair Groeling:

The Faculty Executive Committee (FEC) of the David Geffen School of Medicine at UCLA discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations in executive session on October 7, 2026, and approved these comments by email vote on October 19, 2026 (21 in favor, 0 opposed, 1 abstention). The FEC commends the Task Force for clear, actionable recommendations on a long-unresolved question and supports all five. They are especially consequential for DGSOM: UCLA's 20% Clinical X cap is the lowest the report identifies, and many DGSOM clinical faculty practice at VA and county affiliates that the report largely overlooks.

The FEC's specific comments are as follows:

Clinical X Series Cap and Effort (Recommendations 1 and 2):

The FEC supports lifting the Clinical X cap entirely. The report finds that the cap and full-time requirement push Clinical X-qualified faculty into the HSCP series, and a series whose members must meet all four review criteria should not be capped.

The Chancellor can lift UCLA's quota after divisional Senate review, without awaiting APM revisions, and the FEC urges the Division to begin that review this academic year. The FEC also supports revising APM 275-16-f so that its 1/6 Senate review threshold does not act as a de facto cap.

The FEC supports flexibility in the level of appointment across all faculty series, not only Clinical X, provided the faculty member meets the commitment to the University's mission and the primary responsibilities of the series outlined in the report. The co-chairs' cover letter acknowledges that other Senate series face the same individual exception process, and that the recommendation covers only Clinical X because of the Task Force's charge. Sole commitment should be confirmed through existing outside professional activities reporting, with no new administrative requirements.

Review Criteria and Committee on Academic Personnel (Recommendation 3):

The FEC supports this recommendation and asks the Division to (1) issue written guidance on what counts as scholarly, creative, and administrative contributions in the HSCP and Clinical X series, including that trainee evaluation, committee service, and educational leadership roles such as clerkship and site director count toward HSCP promotion; (2) include clinicians from both the HSCP and Senate series on ClinCAP; and (3) ensure that ClinCAP and CAP can review reclassification files promptly. DGSOM asks to be consulted on implementation.

Current guidance is inconsistent. APM 210-6 expects HSCP faculty to show “contributions to scholarly, creative, or administrative activities,” and the report says these “do not need to be evaluated as separate and distinct from their clinical teaching or clinical practice,” yet UCLA’s ClinCAP guidance asks for “evidence distinguishing them from teaching or service and identifying them as scholarship or research.” Faculty report that clerkship and site directors have been told they do not meet promotion criteria because their work produced no attachable products, which puts the medical education mission at risk.

Reclassification Pathway (Recommendation 4):

The FEC supports an expedient reclassification process that is uniform, prespecified, and transparent, with clear protections for faculty.

Faculty who believe they are in the wrong series should have a clear, streamlined way to request reclassification, just as departments can initiate it. Such requests would still require approval by the department chair or committee; the FEC’s aim is to ensure faculty who identify a mismatch don't get bogged down in the process of changing series. At UCLA, a move from a non-Senate series (e.g., HSCP or Adjunct) into a Senate series (e.g., Regular, Clinical X, or In-Residence) is treated as an appointment, requiring a dossier and a search and, for moves into the Regular or In-Residence series, extramural letters.

The FEC expects that a substantial number of faculty may need to change series, and reclassification at that scale deserves special logistical consideration. HSCP actions do not currently require extramural review, while Senate-series appointments and promotions do. For faculty whom their department has determined to be misclassified, the FEC asks the Division to consider, during an initial transition period, an internal review process be considered in place of extramural letters, a waiver of the open-search requirement, or returning final review of these actions from the Chancellor to the school. The intent is not to lower the standard for Senate-series appointment, but to make a large volume of reclassifications feasible without undue delay.

Reclassification should be initiated by, or require the consent of, the faculty member, with notice and an opportunity to respond to any review-initiated change. After that transition period, the FEC endorses the Task Force’s proposal that the Chancellor waive open recruitment once a duties review confirms misclassification. The FEC also asks how prior service will count toward rank, step, and service limits, and who will bear any salary costs.

Some faculty may have joined UCLA Health for its clinical mission, not to become academic clinicians. UCLA already has a non-faculty Clinical Associate series for clinicians without formal teaching or research obligations, and the report counts about 2,200 non-faculty staff physicians systemwide. The FEC recommends exploring a voluntary path into that series for HSCP faculty who do not wish to be fully engaged in the non-clinical aspects of the academic mission, offered only at the faculty member’s request and supported by division, department,

and school leadership. Clinical employment should not necessarily hinge on a faculty title. Site assignments, made jointly with faculty and health system leaders, should recognize that primary teaching sites may require faculty because of LCME and ACGME considerations, while non-teaching sites may be well served by Clinical Associates. Clinicians at non-teaching sites who wish to teach should still have that option, and each person's series should reflect the commitment to the academic mission that they and their chair agree is the best fit, so that no one is shoehorned into the wrong title. The FEC asks how the Clinical Associate and HSCP series would be distinguished and how such a transition would work.

Special Committee of the Academic Council (Recommendation 5):

The FEC concurs that a special advisory committee for clinical faculty and health affairs, with local counterparts, should be implemented so the Academic Senate appropriately considers clinical affairs. The FEC supports full voting rights for non-Senate members through divisional bylaw amendment rather than case-by-case exception, and clinical faculty representation on Senate committees such as Faculty Welfare, Planning and Budget, and Academic Personnel, at both the systemwide and divisional levels.

The report leaves the local counterpart's membership, selection, and reporting lines undefined, and is inconsistent on whether each campus gets one seat or more; the FEC asks that these be specified, including representation across UCLA's health professional schools. Because DGSOM and UCLA Health leadership, with department chairs, are developing a UCLA Health plan for Health Sciences Clinical faculty, the FEC asks to be consulted so that the local counterpart reflects faculty governance as well as administrative perspectives. UCLA Health leadership should respond to the committee's advice in writing, and the three-year review should use metrics set at launch.

The report does not address faculty in the Volunteer Clinical Professor series (APM 279), who are unsalaried community clinicians outside the Task Force's guiding principle; the FEC asks that this be stated explicitly and that the local counterpart consider how to hear from volunteer faculty on matters affecting clinical teaching.

The report does not say where this committee's resources would come from. Without them, the FEC is concerned it would become a largely symbolic body with no real ability to effect change.

Affiliate-Based and Without-Salary Faculty:

The report's largest gap for DGSOM is affiliate-based faculty. About 3,000 HSCP faculty systemwide hold without-salary (WOS) appointments paid by affiliates such as the VA and county hospitals, yet they appear only in a footnote. Faculty at VA Greater Los Angeles, Harbor-UCLA, and Olive View-UCLA are central to DGSOM's clinical and educational mission.

Many affiliate-based faculty already hold Senate titles. The FEC asks whether WOS faculty may serve on and vote for the Special Committee and its local counterpart, and how the reclassification pathway and effort provisions apply to them. The FEC recommends reserving seats on the UCLA local counterpart for affiliate-based faculty.

Benefits for Non-Senate Faculty:

Beyond shared governance, the FEC recommends that the University evaluate whether, and to what equitable degree, Senate faculty benefits could be extended to non-Senate faculty, including HSCP and Adjunct. The Mortgage Origination Program, for example, is generally

limited under Regents Policy 5305 to Senate members and equivalent titles, with exceptions approved case by case; the FEC urges exploring broader exceptions in the service of equity.

Fiscal Impact and Implementation:

The report lists costs (committee and Senate staffing, reclassification reviews, travel, and possible salary differences) but no funding sources, though its charge asked for them. The FEC asks that funding be identified before implementation, so costs do not fall to departments by default, that resources be allocated transparently, and that any budget reallocation by administrative units include faculty input in the spirit of shared governance. Clinical faculty who serve on these committees should receive protected time or service credit, and lifting the cap and effort restrictions should precede reclassification.

Conclusion:

The FEC supports the Task Force's recommendations as meaningful steps toward giving clinical faculty a voice in workplace governance. Before implementation, the FEC requests that the Division and the Office of the President clarify how affiliate-based faculty will be treated, the structure of the UCLA local counterpart, protections in the reclassification process, and funding for each recommendation.

The FEC offers the expertise of its clinical faculty in support of implementation. Thank you for the opportunity to comment.

Sincerely,

Alice A. Kuo, M.D., Ph.D., M.B.A.
Professor of Clinical Medicine, Pediatrics, and Health Policy & Management
Chair of the DGSOM Faculty Executive Committee

Russell G. Buhr, M.D., Ph.D.
Associate Professor-in-Residence of Medicine and Health Policy & Management
Vice Chair/Chair-Elect of the DGSOM Faculty Executive Committee

Langston T. Holly, M.D.
Professor of Neurosurgery
Past Chair of the DGSOM Faculty Executive Committee

cc: Steven M. Dubinett, MD, Dean, David Geffen School of Medicine at UCLA
Joaquín (Quim) Madrenas, MD, PhD, Vice Dean for Faculty, David Geffen School of Medicine at UCLA, Faculty of the DGSOM

UCLA Academic Senate
Committee on Committees

October 19, 2026

To: Tim Groeling, Chair, Academic Senate

From: LaToya Baldwin Clark, Chair, Committee on Committees

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report & Recommendations

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At its October 15, 2026, meeting, the Committee on Committees (ConC) reviewed the *Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations*. According to the Report, the Task Force's recommendations are geared toward creating "governance model(s) [that] provide greater representation for clinical faculty and [are] best suited for the University of California" (p. 1). The Committee offers the following comments (vote: 13 in favor, 0 opposed, 1 abstention).

In particular, we write to comment on the recommendations that would increase the number of faculty eligible to serve on Academic Senate committees and councils appointed by ConC, specifically the proposed revisions and reclassifications of non-Senate clinical faculty (namely, those in the Health Sciences Clinical Faculty series) into Senate faculty (Clinical X series) who would then be eligible to serve on Senate committees. We note that this expansion offers an opportunity to broaden participation in Academic Senate governance and provide a more formal voice for clinical faculty. Given UCLA's unique institutional structure, including its on-campus medical school, expanding the pool of eligible Senate faculty would aid ConC in executing its charge to appoint faculty to serve on Academic Senate committees and councils, as well as ad hoc committees and committees for which University administration seeks faculty participation. In addition, and expansion would inherently introduce additional perspectives into committee deliberations that may not be well represented currently.

However, many ConC members raised concerns about the potential impact on the balance of representation between the College departments and professional schools, especially the Medical School. Currently, ConC draws from a pool of approximately 3,800 Academic Senate faculty, including approximately 850—900 faculty from the College, the largest academic unit at UCLA. If the Senate pool was to include the proposed additional members, it could introduce an imbalance that may not reflect the actual balance of faculty engaged with students full-time in teaching, research, and service. Some members expressed the view that the Medical School, from which the proposed additional faculty would be drawn, is already adequately represented within the Academic Senate (approximately 2,000 members), and some questioned also whether clinical faculty, given their responsibilities, would have sufficient time to participate meaningfully in Senate service.

ConC recommends the Academic Senate carefully evaluate the purpose, structure, authority, and potential consequences of expanding representation. Members agreed that a substantive decision should be deferred until the 45-day hearing process is complete and the results have been reviewed. This will allow the Academic Senate sufficient time to consider the faculty's feedback and determine whether any proposed changes would enhance faculty representation while maintaining the balance and integrity of shared governance.

Thank you for the opportunity to opine. If you have questions, please do not hesitate to contact me at baldwinclark@law.ucla.edu or the Committee analyst, Renee Rouzan-Kay, at rrouzankay@senate.ucla.edu.

CC: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Renee Rouzan-Kay, Senior Policy Analyst, Academic Senate
Members of the Committee on Committees

UCLA Academic Senate
Rules & Jurisdiction

To: Tim Groeling, Chair, Academic Senate

From: Jennifer Wagman, Chair, Committee on Rules and Jurisdiction

Date: October 19, 2026

Re: (Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations

---

Via independent review, the Committee on Rules and Jurisdiction (CR&J) reviewed the Systemwide Senate Review of the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. In reviewing the proposal, members emphasize that their primary role is not to evaluate individual academic personnel criteria, but to scrutinize the proposed structural, jurisdictional, and governance changes that affect Senate membership, voting rights, and representative bodies.

Members criticized Administration for rushing an "enormous proposed structural change" through a compressed review schedule without careful development and deep engagement with the Senate, and advised the Senate to consider a dedicated task force or working group to thoroughly evaluate the long-term impact of these recommendations on shared governance.

Recommendation #1: Remove the 1/6 cap on Appointments in the Professor of Clinical X Series.
Members expressed concern that removing the 1/6 cap could lead to a massive structural transformation of the Academic Senate. Based on the APB Workforce Report, in October 2025, the headcount of clinical faculty (2124) exceeds the headcount of non-clinical ladder and equivalent faculty (2050). Converting significant numbers of clinical faculty into Senate lines risk swamping existing governance structures, resulting in clinical faculty dominating the Senate's representative bodies and elected positions. Members noted that UC Regents Standing Order 105.1, which allows the Senate to exclude professional school faculty from participating in activities relating to the curricula of other schools, applies strictly to curricula and cannot address broader voting, leadership, and governance representation issues.

The original memorial and current APM specifies that the purpose of the cap is to "maintain an appropriate balance in the health sciences schools between research and education and clinical service," implying a concern about maintaining an "appropriate balance" among faculty with different mixes of responsibilities and subject areas. Other Senate series have implicit maximums, such as the Regular Professor series and Professor of Teaching series being limited by General (State) funds, which ensures this balance within these series. The report and recommendations fails to address this concern.

Recommendation #2: Allow for 80%-100% full professional effort appointments in the Professor of Clinical X series.
Members view this recommendation as a covert mechanism to facilitate large-scale conversions of non-Senate clinical faculty into Senate titles. Members flag that placing primarily clinical faculty into the

Senate creates a misalignment between their daily expertise and core Senate governance, potentially leading to overrepresentation in certain health-related committees and absence from core academic committees.

Recommendation #3: There should be engagement with the Academic Senate Committees on Academic Personnel on the review criteria for the different disciplines and different faculty series. and Recommendation #4: Each campus should develop a reclassification pathway for faculty (clinical and non-clinical) who are currently misclassified.
Members note that Recommendations 3 and 4 deal heavily with individual academic personnel evaluation criteria and reclassifications, which fall largely outside CR&J's direct charge. However, members observe that using reclassification as a broad pathway into the Senate raises broader jurisdictional fairness questions. They highlight the disingenuousness of establishing reclassification pathways for clinical faculty while entirely ignoring other large non-Senate teaching groups, such as Unit 18 Lecturers, thereby marginalizing the core undergraduate and graduate instruction mission.

Recommendation #5: Implement the Formation of a Special Committee of the Academic Council.
Members identified several critical rules and governance issues that require rigorous examination, specifically:

- What legal and legislative authority is required to grant non-Senate clinical faculty voting rights (e.g., whether local Academic Senate bylaw amendments or exceptions are required).
- Whether local counterpart bodies are intended to function as official Senate committees, joint Senate-administration bodies, or an entirely distinct category of governance entity.
- Whether the mechanism, scope, and limitations of non-Senate voting rights are clearly defined.

Members generally favored the concept of parallel governance structures with Senate and non-Senate clinical faculty. A dedicated committee structure affords all clinical faculty a meaningful voice on clinical and operational matters relevant to their work environment without compromising the integrity of the Academic Senate itself, though members note the current proposal remains highly underdeveloped.

Thank you for the opportunity to review and comment. If you have any questions, please do not hesitate to contact me at jennwagman@ucla.edu or via the Committee's analyst, Lori Ishimaru, at lishimaru@senate.ucla.edu.

cc: April de Stefano, Executive Director, Academic Senate
Lori Ishimaru, Principal Policy Analyst, Academic Senate
Members of the Committee on Rules and Jurisdiction

UCLA Academic Senate
Undergraduate Council

October 19, 2026

To: Tim Groeling, Chair, UCLA Academic Senate

From: Luke Yarbrough, Chair, Undergraduate Council

Re: Systemwide Clinical Faculty Representation in Senate Governance

At its meeting on October 16, 2026, the Undergraduate Council discussed the report and recommendations of the systemwide Presidential Task Force on Clinical Faculty Representation in Governance.

The Council supports robust Senate faculty representation in shared governance. However, members voiced concerns about efforts to advance changes through an administrative processes that appear to bypass and disregard the voice of the divisions which already voted down the 2025 Memorials to the UC Regents to expand voting rights to faculty in the Health Sciences (HS) Clinical and Adjunct series to the systemwide Academic Senate. Eliminating the one-sixth cap on Clinical X Series appointments could, in combination with the report's other recommendations, substantially shift the balance of representation on Senate committees between health sciences and other academic disciplines.

In particular, we note the potential implications of this shift for undergraduate education. Members acknowledge that clinical faculty may support some undergraduate learning, including by mentoring and supervising students pursuing pre-health pathways and biomedical research. At the same time, increasing the proportion of health sciences faculty in Senate governance may dilute attention to undergraduate education across the University as a whole, to the detriment of students, faculty, and departments that are already experiencing significant fiscal and instructional pressures in our current environment. While we recognize the importance of the health sciences, it is critical to preserve balanced representation in shared governance that reflects the breadth of the University's academic mission and the valuable contributions of its diverse disciplines to human knowledge.

Thank you for the opportunity to opine. With any questions, please contact the Undergraduate Council Analyst.

cc: April de Stefano, Executive Director, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Julia Nelsen, Principal Policy Analyst, Undergraduate Council
Catherine Sugar, Vice Chair/Chair Elect, UCLA Academic Senate

UCLA Academic Senate
Academic Program Review Committe

October 16, 2026

To: Tim Groeling, Chair, UCLA Academic Senate

From: Michael Cohen, Chair, Academic Program Review Committee

Re: **(Systemwide Senate Review) Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations**

At its meeting on October 9, 2026, the Academic Program Review Committee (APRC) discussed the Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations. Members offered the following comments for the Executive Board's consideration.

Committee members expressed concerns about the first recommendation to eliminate the 1/6 cap on Clinical X Series appointments, as it could alter the composition of the Academic Senate and thus APRC. Members argued that an overrepresentation of clinical faculty could weaken APRC's ability to effectively review academic units. Additionally, members voiced that all academic unit stakeholders, including clinical faculty, engage in shared governance throughout the program review process. Finally, members noted the 2025 Senate membership memorials referenced in the review previously failed to advance. They were concerned that the report's recommendations may attempt to bypass the outcomes of the Senate's memorial votes.

If you have any questions, please contact us at ProgramReview@senate.ucla.edu or via Academic Program Review Committee Analyst, Makenna Cavanaugh, at mcavanaugh@senate.ucla.edu.

cc: April de Stefano, Executive Director, UCLA Academic Senate
Megan McEvoy, Immediate Past Chair, UCLA Academic Senate
Catherine Sugar, Vice Chair/Chair-Elect, UCLA Academic Senate
Makenna Cavanaugh, Senior Policy Analyst, UCLA Academic Senate

UCLA Academic Senate
Faculty Welfare Committee

October 15, 2026

To: Tim Groeling, Chair, Academic Senate

From: Reza Ahmadi, Chair, Faculty Welfare Committee

Re: Presidential Task Force on Clinical Faculty Representation in Governance Report & Recommendations

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At its meeting on October 6, 2026, the Faculty Welfare Committee (FWC) reviewed the Systemwide Senate Review Presidential Task Force on Clinical Faculty Representation in Governance Report and Recommendations and offers the following comments and recommendations.

FWC recognizes the importance of ensuring meaningful representation for Health Sciences Clinical faculty, a substantial segment of the University's academic workforce. The proposal to transition approximately 3,000+ Health Sciences Clinical faculty into the Clinical X series and eliminate the existing one-sixth cap raises significant questions regarding faculty representation, voting rights, academic advancement, and the composition of the Academic Senate.

FWC supports the principle that clinical faculty should have a voice in shared governance, particularly on matters affecting their appointments, working conditions, and professional advancement. However, expanding Clinical X eligibility and voting participation could substantially alter Senate composition and the balance of perspectives represented in its deliberations. Further examination is necessary to determine the extent to which the Task Force's recommendations address the underlying governance issues that prompted its formation and ensure effective, inclusive faculty representation.

FWC recommends further consideration of the rationale for removing the one-sixth cap; the scale, process, and criteria for faculty reclassification; and the implications for faculty classifications, promotion expectations, and academic review bodies, including the Committee on Academic Personnel (CAP). Differences in clinical practice, teaching, and research responsibilities should also inform the evaluation of voting eligibility and participation within faculty governance.

FWC further recommends examining the implications of the proposed Academic Council Special Committee, divisional Senate, and alternative representative structures, including a dedicated Academic Senate council for Health Sciences Clinical faculty. Consideration should also be given to additional mechanisms for strengthening the engagement of both Senate and non-Senate clinical faculty in governance.

In addition, clarification is needed regarding the respective roles and commitments of UC Health, the medical centers, and health professional schools in supporting the proposed governance structure, including the institutional resources, staffing, and workload necessary for its effective implementation.

Given the complexity and potential institutional implications of the proposal, FWC recommends postponing a formal position until a comparative analysis of the current and proposed governance structures have been examined to support an informed decision and effective shared governance.

Thank you for the opportunity to opine. If you have questions, please do not hesitate to contact me at reza.ahmadi@anderson.ucla.edu or the Committee analyst, Renee Rouzan-Kay, at rrouzankay@senate.ucla.edu.

CC: Catherine Sugar, Vice Chair/Chair-Elect, Academic Senate
Megan McEvoy, Immediate Past Chair, Academic Senate
April de Stefano, Executive Director, Academic Senate
Renee Rouzan-Kay, Senior Policy Analyst, Academic Senate
Members of the Faculty Welfare Committee