

March 6, 2025

SUMMARY REPORT OF COMMENTS RECEIVED IN THE SURVEY RELATED TO THE MEMORIALS PUT FORTH BY UCSF

Q1 - Please provide any pros, cons or questions you have on the Memorial Below:

1. Adjunct Faculty Series Academic Senate Membership Memorial to the Regents

Q1 1a. Pro Arguments:

- The equity argument and the argument that the adjunct faculty in question are mostly women and URM.
- Excluding faculty from participation seems discriminatory.
- The benefits seem to accrue to UCSF and the adjunct faculty rather than to UC generally.
- UCR SOM has fewer than 200 full-time faculty members but more than 1,000 adjunct faculty, who are not represented in our institute. Adjunct teaching faculty at SOM carry significant teaching responsibilities and play a crucial role in medical student education, offering valuable insights into basic science education at the university. Their contributions could be further enriched and integrated if their voices were heard.
- all UCR faculty should be allowed to be on the senate to treat equitably and respect the mission of UCR.
- Increases representation of full time adjunct faculty. If the Senate does not represent ALL faculty then non-Senate faculty will form their own representative groups to negotiate with the administration. This will dilute the overall influence of the Senate. Reduces burden on Senate faculty to continually populate committees.
- Could promote equity and support job satisfaction
- N/A
- More equity, more engagement in all aspects of the academic institution, with more privileges and responsibilities
- Depending on institution, Adjunct Faculty may contribute to the institution in ways that are identical to senate series faculty.
- Given that the Senate includes Teaching Professors, there is an argument to be made that Adjunct faculty also deserve recognition.
 - - excellent to include Clinical FTEs in the same membership
 - - am supportive but see concerns below
- Inclusivity and recognition of adjunct faculty's efforts in medical education
- Greater Inclusion

Q2 - 1b. Con Arguments:

- I am concerned that faculty with a short-term commitment to UC (having "termed" appointments, even if renewable for some time) would be voting on changes they

wouldn't have to live with were the vote extended as the memorial requests. The terms of their appointments mean their primary responsibilities are in one or two areas only, typically research or teaching (or both). This change would mean they would be expected or available to do service, but it's hard to see how that would be workable with a split or partial and short-term appointment, and at least at our campus, we have not had a problem staffing Senate committees; it is not possible for everyone to serve every year. And should people with little experience with research be voting on matters that impact it, or people with little experience with teaching be voting on matters that impact that, for instance, by serving on CAP? Nor is it clear to me that adjunct faculty across the system are mostly women and URM, even if they are at UCSF. The rebuttals that point out the importance of support for ladder faculty and diversifying the ladder faculty make sense. Finally, this would shift the voting power in UC to campuses with numerous adjunct faculty in professional schools, faculty without full-time appointments and in a limited range of professional disciplines. I am especially concerned that the commitment to a liberal arts education and "pure research" might be jeopardized, especially at a time when the public university is under serious threat and very under-funded despite the claim to the contrary. Adding so many adjunct faculty to the Senate would exacerbate the dominance of those UC campuses that have large medical schools and centers. This would be a very poor outcome.

- The primary concern is that adjunct faculty may outnumber full-time faculty, potentially leading to an impact that is less consistent with our institute's mission and goals. However, only adjunct faculty with at least 50% FTE will be included, which significantly mitigates this concern.
- Expanding Academic Senate membership to include Adjunct Faculty may dilute the Senate's focus by incorporating faculty whose primary responsibilities often emphasize research or teaching without the same service expectations as Senate members. Their varying levels of institutional commitment and external affiliations could create inconsistencies in governance participation. Additionally, adjunct faculty are hired through more flexible processes that do not always involve national searches or the same rigorous academic review, raising concerns about maintaining Senate standards. This change could also shift voting power disproportionately, potentially allowing a growing number of adjunct faculty to influence university policies without the same long-term investment as tenure-track faculty. Lastly, integrating this group into the Senate would require administrative restructuring, adding complexity without clear benefits to shared governance.
- Adding 50% time and/or temporary hires to the Senate would give equal weight to the voices of folks who might have very different priorities for the university based on their % time allotment and/or temporary status compared to faculty hired at 100% time and who intend on having a full career at their institution
- None
- Adjuncts may not be as invested in long term stability of the UC institution
- This would weaken the role of UCR voting bloc, which is already underrepresented (and, relatedly, underfunded)

- Temporary teaching staff do not have the same investment in the future of UC campuses, nor the breadth of experience necessary to fully participate in the Senate
- I believe that these memorial proposals, should they be approved and voted upon, at first glance seem like a democratic expansion of the Academic Senate membership but in fact not only would constitute a profound change to the Academic Senate but would be a direct threat to the principle of faculty governance.
- Could be used to hire less faculty into full ladder rank positions
- These faculty are unionized and the union represents their interests to the administration. How will the union and Senate resolve jurisdiction?
- - as presented, I don't believe the number of faculty will be ~40; it will most certainly be larger by 100s once a hospital is formed within SOM. Many of the practicing clinicians in that case will be then eligible for senate membership.
- - also doubtful that very busy clinicians will volunteer for additional committees and other service due to time constraints.
- None
- Adding a considerable number of faculty that do not have, or a path to ,long-term security voting on plans that have long-term impacts to the UC system.
- Stretching the finite resources that already minimally support current senate faculty.
- Adjunct faculty do not have the same duties and responsibilities as other faculty and are therefore not invested in all aspects of the campus. They should therefore have no senate rights to vote in matters pertaining to personnel actions or matters of educational policy. In addition, they should have no rights to provide input to wider campus issues. Their loyalties by definition lie elsewhere.
- None
- Academic Senate membership should only be conferred to faculty who significantly contribute to the entire academic enterprise, including teaching and mentoring. The UCSF proposal did not make this point clear and in fact, it seems that the current UC criteria for Academic Senate membership are not met.
- The solution is to appoint current adjunct faculty who should have these voting rights to non-adjunct faculty positions that do. Adjunct faculty are just that: adjunct, not core. Their terms, relationship to the university, and employment vary drastically from each other and from ladder-rank faculty. While some perhaps should be part of the Senate due to their participation and commitment to UC, others (even those with 50+% appointments) should not. For those that should, we should use different titles with different expectations. Changing the voting rights for all adjunct faculty with 50+% appointments is not the solution.

Q3 - 1c. Questions:

- Adjunct faculty may have different training and relationships to research and teaching than current Senate faculty.
- How many adjunct faculty with more than 50% FTE are in UCR and UCR SOM?

- Do these faculty want the extra work that would come with being members of the Senate?
- Is it possible to refine this memorial, so that it is for Adjunct Faculty who have served in the role a certain number of years?
- how will this affect the financial well being of SOM?
- What is the actual academic role of the faculty who are proposed for membership into the Academic Senate. I am surprised that the proposers did not make this point clear at all, perhaps because they felt that doing so would be detrimental to their proposal.

Q4 - Please provide any pros, cons, or questions you have on the memorial below:

2. Health Sciences Clinical Faculty Series Academic Senate Membership Memorial to the Regents

Q4 2a. Pro Arguments:

- Equity and inclusion, as with other adjuncts.
- Same as question 1.
- N/A
- 1. Increases representation of full time adjunct faculty.2. If the Senate does not represent ALL faculty then non-Senate faculty will form their own representative groups to negotiate with the administration. This will dilute the overall influence of the Senate.3. One of the major arguments in favor of this memorandum relates to burnout risk of non-Senate faculty as well as their sense of disenfranchisement. A major consideration at UCR is the small number of Senate faculty from SOM - most of whom are from the Division of Biomedical Sciences. This places a disproportionate campus service burden on Biomedical Sciences Senate faculty that is compounded by their existing high service burden within SOM. Cumulatively, this is driving faculty burnout. Approving Senate eligibility to Health Sciences Clinical Faculty with >50% UCR appointments would have a relatively small impact on overall campus Senate faculty numbers, but would have a powerful effect in reducing the service burden on current SOM Senate faculty and increasing engagement. 4. While some non-Health Sciences faculty may be concerned about SOM clinicians voting on undergraduate education policy, this concern is greatly mitigated by existing restrictions on voting on such topics, the flexibility of the Senate to restrict voting, and the practical reality that HS clinical faculty will not be interested in adjudicating on undergraduate education policy.
- Full support for all UCR faculty to be senate members to treat equitably.
- HS Clinical faculty are not second hand citizens. They should have a say on the senate as they are hardest working and carry a big load on their shoulders and they are clinicians, educators and researchers. So they should be treated as first class citizens and not second hand citizens. Equity is one of the UCR missions and should be applied.
- Health Sciences Clinical Faculty are essential to UC Schools of Medicine as teaching faculty, researchers, and providers, deserving of a voice in the academic senate. These positions have clear criteria and proportionately are small numbers relative to all clinical family at schools of medicine.
- Encourages integration of clinical faculty with ladder rank research faculty and can be a step forward in fostering the development of clinical research at UCR.
- -Faculty contributes greatly to the School of Medicine and UCR overall

- -Faculty brings a diverse perspective
- -Faculty can serve on committees and contribute meaningfully
- -Faculty has a diverse demographic
- -Keeping this faculty out of Academic Senate is not consistent with the UC values of inclusion, and excellence
- -Faculty participates in education and research and UCR benefits from research contributions from these faculty (IDC to campus; collaborations with faculty across schools/colleges)
- It is highly desirable to include all faculty members for their contributions to the school of medicine
- Would create greater equity within Schools of Medicine for those performing similar duties.
- Would allow great ability of Schools of Medicine to meet their service obligations to their Schools of Medicine May help with recruiting and retaining clinical faculty.
- May help with recruiting and retaining clinical faculty.
- Greater inclusion

Q5 - 2b. Con Arguments:

- As with other adjuncts, faculty with a short-term commitment to UC (having "termed" appointments, even if renewable for some time) would be voting on changes they wouldn't have to live with were the vote extended as the memorial requests. The terms of their appointments mean their primary responsibilities are in one or two areas only, typically research or teaching (or both). This change would mean they would be expected or available to do service, but it's hard to see how that would be workable with a split or partial and short-term appointment, and at least at our campus, we have not had a problem staffing Senate committees; it is not possible for everyone to serve every year. And should people with little experience with research be voting on matters that impact it, or people with little experience with teaching be voting on matters that impact that, for instance, by serving on CAP? Nor is it clear to me that adjunct faculty across the system are mostly women and URM, even if they are at UCSF. The rebuttals that point out the importance of support for ladder faculty and diversifying the ladder faculty make sense. Finally, this would shift the voting power in UC to campuses with numerous adjunct faculty in professional schools, faculty without full-time appointments, likely long-term appointments, and in a limited range of professional disciplines. I am especially concerned that the commitment to a liberal arts education and "pure research" might be jeopardized at a time when the public university is under serious threat and very under-funded despite the claim to the contrary.
- it is hard to discern the expected role in curricular instruction for these positions relative to non-medical school faculty given the relative number of students who are in these different schools. So the overall impact of expanding the senate membership disproportional to the relative role in teaching and instruction.

- Adding so many clinical faculty to the Senate would exacerbate the dominance of those UC campuses that have large medical schools and centers. This would be a very poor outcome.
- Including Health Sciences Clinical (HSC) faculty in the Academic Senate could shift governance priorities by integrating faculty whose primary focus is often clinical care rather than research and university service. Unlike tenure-track faculty, HSC faculty may have varying institutional commitments, with many holding external affiliations or working part-time, raising concerns about their long-term engagement in shared governance. Additionally, their appointment and promotion processes do not always adhere to the same rigorous academic review standards as Senate faculty, which could weaken the Senate's academic oversight. Given the rapid growth of HSC faculty, their inclusion might also disproportionately shift voting power within the Senate, creating an imbalance in representation. Finally, expanding membership would require structural adjustments and additional administrative oversight without guaranteeing stronger governance outcomes.
- None
- Clinical may not be as invested in long term stability of the UC institution This would weaken the role of UCR voting bloc, which is already underrepresented (and, relatedly, underfunded)
- Faculty who are focused primarily on clinical activities do not have the breadth of experience necessary to fully participate in the Senate
- I believe that these memorial proposals, should they be approved and voted upon, at first glance seem like a democratic expansion of the Academic Senate membership but in fact not only would constitute a profound change to the Academic Senate but would be a direct threat to the principle of faculty governance.
- None
- This change would profoundly alter the nature of the UC Academic Senate. The interests and concerns of faculty to teach and do research would be overwhelmed by the interests and concerns of clinical faculty. We are here because UC is now as much a healthcare provider as a provider of knowledge. We need to recognize that healthcare provision is a fundamentally different enterprise. I applaud efforts of clinicians to unionize and create their own form of shared governance. The Senate is not the appropriate venue.
- None
- Unclear about the equity between faculty outside school of medicine and this group (responsibilities, pay, and benefits).
- Concerns about the growing number of school of medicine senate faculty not tied to the larger undergraduate mission. Medical School is growing and so will this class of faculty.
- Concerns that additional senate faculty will overwhelm senate faculty resources (i.e. MOP, STEM Academy lottery slots)
- Clinical faculty can easily leave a university position and be assured of alternate employment- the turnover rate is very high on most campuses (UCSF may be an exception because it is only a health sciences campus and attracts a particular kind of academic clinician). Without the same level of career investment in the university's

success, a senate voice does not seem appropriate. Any who are actually performing appropriate tripartite duties should be reclassified to Professor of Clinical X.

- None
- Same arguments as for the previous set of questions

Q6 - 2c. Questions:

- Same as question 1.
- Same question as for the previous set of questions.
- Same question as for the previous set of questions.

