Minutes

DGSOM Faculty Executive Committee Meeting

09/07/16  5:30pm – 7:55pm  Bel Air Conference Room (17-323 CHS)

Chair: Gary J. Schiller, M.D.  Note taker | Roberta A. Rey, Ph.D.

Members Present: Alon Avidan, M.D., M.P.H., Yvonne Bryson, M.D., Rita M. Cantor, Ph.D., David DiTullio, Ronald Edelstein, Ed.D., Alan Garfinkel, Ph.D., Nahda Harati ('19), Samuel Jackson ('17), Reza Jahan, M.D., Jonathan Jahr, M.D., Timothy F. Lane, Ph.D., Peggy B. Miles, M.D., Karen Miotto, M.D., Martin Quan, M.D., Gary J. Schiller, M.D., Maie A. St. John, M.D., Ph.D, Catia Sternini, M.D., Rosalind Vo, M.D., Isaac Yang, M.D. and Yulia Zekster ('18)

Guests Present: Richard Azar, Thomas Drake, MD, Joyce Fried, Jonathan Hiatt, MD, Arthur Kowell, MD, PhD, Kelsey Martin, MD, PhD, Mark Noah, MD, and Marie Elena Stark, MD, PhD

Faculty Guests who RSVP’d: Robert K. Oye, MD (Medicine), Nader Pouratian, MD (Neurosurgery), Zorheh Seffens, MD (Anesthesiology)

Staff Present: Roberta Rey, Ph.D.

Members Excused: Stephen Cederbaum, M.D.,

AGENDA:

1. Call to Order & Announcements
2. Review and Approve Previous Meeting Minutes
3. Laboratory Safety (Wayne)
4. New Medical Tower being planned by RRMC (Martin/Azar)
5. Academic Series Working Group Report (Hiatt)
6. Student Council Updates
7. Medical Education Committee (MEC) Update
8. Admissions Committee (Hong)
9. Voluntary Faculty Dossiers (Kowell)
10. Executive Session: (7:10pm) (Voting Members only)
11. Items from the Floor

Topic 1  Call to Order & Announcements  Presenter | Schiller

Discussion

• PLEASE NOTE: Elections for open seats will take place from 9/16 to 9/30. Please look for the VOTE NOW email to go out on Friday, September 16 and vote.

Topic 2  Review and Approve Previous Meeting Minutes  Presenter | Schiller

Discussion

• Minutes of the July 6, 2016 FEC meeting were reviewed and approved unanimously as submitted.

Topic 3  Laboratory Safety  Presenter | Wayne

Discussion

Dr. Nancy Wayne, Associate Vice Chancellor for Research, provided an update about Laboratory Safety. (Her presentation slides are included at the end of these minutes.)

• The Laboratory Safety Organization Chart, showing lines of reporting and oversight from Chancellor Block on down, was reviewed. Dr. Wayne noted that research safety measures have grown and improved over recent years.

• In particular, the Chemical and Physical Safety Committee (CPSC) was reviewed since it is newer than the other committees. The CPSC is a faculty-led committee with representation from the following: School of Medicine, School of Dentistry, School of Engineering & Applied Sciences, College of Arts & Sciences, Office of Environment, Health & Safety, Office of Legal Affairs and the Office of the Vice Chancellor for Research. In addition, the chair of the CPSC is also a member of the Safety Oversight Committee.

• The mandate of this committee was mentioned:

  Develop, recommend, update and maintain policies and procedures applicable to chemical and physical health & safety at UCLA in order to promote safe research practices.
• Dr. Wayne stressed the importance of creating a culture of safety that goes beyond just checking off boxes on reporting forms.

• **The CPSC’s Completed projects were mentioned to include:**
  - Annual update of the Chemical Hygiene Plan
  - Annual review of laboratory incidents on campus
  - Annual review of EH&S laboratory inspections.
  - Laboratory Safety Compliance Procedures
  - Guidelines for Core Facilities
  - Guidelines for Teaching Labs
  - Guidelines for Lab Tours

• **The CPSC’s Current Projects were noted to include:**
  - Guidelines for Earthquake Preparedness
  - Templates for Emergency Action Plan and Research Continuity Plan
  - Guidelines for Pregnant Students in Laboratory Classes and Research Labs
  - Guidelines for Researchers Working Alone
  - Guidelines for Undergraduate Students Working in Laboratories
  - Review of Laboratory Safety Training Requirements
    - Faculty, Research Workers, Visiting Scientists, Transfers from other institutions

• Faculty are encouraged to contact the CPSC administrator for questions or assistance at: cpsc@research.ucla.edu as well as Dr. Wayne directly.

### Topic 4

**New Medical Tower being planned by RRMC:**

Dean Kelsey Martin introduced Mr. Richard Azar, Executive Director for UCLA Health General Services, who provided information about a new medical tower being planned for expanding the number of regular floor beds at RRMC.

- They are planning a patient tower that will increase the number of regular floor beds (not ICU) at the hospital and will be positioned at and over the entrance of the current emergency department. They intend to mirror the stacking of the floors to match RRMC. Approximately 150 beds would be the maximum on that this site could provide.
- One goal of this is to decompress the Emergency Department. Right now RRMC is running at 144% occupancy.
- Another goal is to have a separately licensed Children’s hospital with separate entrance.
- An architectural firm has been hired, NBBJ, that recently did a tower addition at Loma Linda University where they also separately licensed their Children’s Hospital.
- UCLA Health has presented to the Health Services Committee (a committee of the UC Regents) in order to obtain needed approval to begin fundraising for this project.
- They now need to re-estimate the cost to relocate the emergency generators, prepare the environmental impact report, re-establish transition planning committee structure, and present to the Regents for planning approval at the March 2017 meeting.
- They are also working to address parking issues and are getting a committee together about this.

### Topic 5

**Academic Series Working Group Report:**

Dr. Hiatt provided an overview of the Academic Series Working Group Report regarding HS Clinical, Clinical X and In-Residence academic series. This report includes modifications of the original Task Force report with input from members nominated by the FEC. (His presentation slides are included at the end of these minutes.)

- The history of the original task force and membership of the current working group was reviewed. About a year ago, they made a report to the FEC. At that time the FEC suggested creating a new working group with members from the FEC that could address needs of faculty at the affiliated sites and other stakeholders. This working group then created a new report after having met three times. The new working group members included Dr. Janathan Jahr from the FEC and Dr. Reza Ardehali.
- The charge of the Working Group included the following:
  1. Re-evaluate and recommend criteria for advancement and promotion, as well as other issues pertaining to the use of the Health Sciences Clinical Series.
  2. Re-evaluate and recommend the criteria and processes to be used for appointment to the Professor of Clinical X series.
  3. Re-evaluate and recommend guidelines for appointment and reappointment of faculty as Assistant Professor in the In-Residence Series.
Health Sciences Clinical Series:
- The original task force reviewed creative activities for this series but this current report of this working group is suggesting to focus on the revisions to the APM that are under system wide review.
- These were discussed and the following APM changes were noted:
  o Teaching has moved to top billing. Creative & service activities discussed in greater detail, more closely linked to clinical teaching and patient care activities. Research and creative activities are derived from teaching and professional activities. A list of potential creative activities similar to that which is present in Appendix 8-V-C of the UCLA Call has been added.
- The Current recommendation of the working group for this series was reviewed. These include:
  o Use Task Force criteria for research and creative activities
  o Include idea that such activity can be derived from clinical teaching and professional service activities
  o Reconcile with APM 278 revisions when finalized

Clinical X Series (Exceptional Clinical Educator):
- Clinical X is a capped series that limited the number of appointments to 1/6 of all senate members in all of the clinical departments on campus. If this number is exceeded, one would have to ask for an exception. Dr. Hiatt noted that UCLA is the only campus in the UC system where this cap has not been lifted.
- The diversity figures were reviewed. The DGSOM made a plea to the Academic Senate to lift the cap on Clinical X series. The response received from the Senate was to allow us to increase the percentage to 20% (which would give us about 50 more appointments) and provided criteria for future increases.
- Dr. Hiatt indicated that the DGSOM will need to continue to work on this over the next several years.
- A proposal to add to new language to the CALL was reviewed. Additional recommendations of the Working Group were also reviewed.

Promotion of In-Residence Faculty: (Regular and In-Residence Series are really research series)
- Statistics were reviewed that showed how many were promoted to Associate, changed series and left the university.
- The recommendations of the working group include:
  o Reserve this series for unique individuals with special promise for success in a rigorous academic track
  o Appointments should be reviewed and approved by Dean’s Office prior to offer
  o Documentation from dept. chair:
    ▪ Protected time
    ▪ Adequate resources
    ▪ Active mentoring plan
- Dr. Lane suggested that the Clinical X specific performance criteria be changed slightly to say not just “creative work” but “research and other creative work”. Dr. Hiatt thinks that language is in the recommendation but he will double check on that.

<table>
<thead>
<tr>
<th>Topic 6</th>
<th>Student Council Updates</th>
<th>Presenters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Student Class Updates:</td>
<td></td>
<td>DiTullio, Harati, Jackson, Zekster</td>
</tr>
<tr>
<td>1st Year Students:</td>
<td>Class president (’20), to be elected in mid-September:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The 1st years, will conduct their election process shortly so should have the representative at next month’s meeting.</td>
<td></td>
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<tr>
<td>2nd Year Students:</td>
<td>Class President, Nahda Harati (’19), provided the following update:</td>
<td></td>
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<tr>
<td></td>
<td>The 2nd year students are currently in Block 6 - Microbiology. They have exams in a few weeks on September 30th.</td>
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<td></td>
<td>The 2nd years have been engaged in helping to welcome the first year students.</td>
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<tr>
<td>3rd Year Students:</td>
<td>Class President, Yulia Zekster (’18), provided the following update:</td>
<td></td>
</tr>
</tbody>
</table>
- The 3rd year students are halfway through the first half of their year. Most are enjoying their year so far, and have had one social event. They will switch tracks on November 9th.
- They are trying to keep morale up and keep the students as connected as possible. They are conducting a lot of class surveys to get feedback from students.

**4th Year Students:**
Class president, Samuel Jackson ('17), provided the following update:
- The 4th year students are working on residency applications and submissions, personal statements etc. A good portion of the class is out on “away rotations”.
- Samuel acknowledged the second year class for doing a great job in welcoming the new 1st year students.
- The Medical Student Council (MSC) Retreat will be held on November 4th.

**Graduate Student Council Update:** (David DiTullio)
David DiTullio, provided this Graduate Student update:
- Over the summer, Graduate Students have been working with parking services to address the issues previously mentioned about inadequate parking. These meetings have been helpful.
- A campus wide Graduate Student Resource Center has emphasized help in non-academic positions.
- David is interested in providing social spaces for interactions between graduate students. In the Health Sciences, he has found there is no convenient place for them to meet. David is looking to find some more local spaces on campus for them to meet and interact.
- Joyce Fried indicated that David should contact her and she will help them with getting space.

### Topic 7 Medical Education Committee (MEC) Update
**Presenter** Drake/Noah

Drs. Drake and Noah provided the following update from the MEC: There have been two MEC meetings since our last FEC meeting. Dr. Drake mentioned the following topics were addressed:
- 1) Neurology and Psychiatry block changes.
  - Neurology would like to have four separate weeks within the Neurology/Psychiatry block.
  - They have had discussions with Psychiatry about this four-week proposal. Psychiatry is considering this and looking into how they could tie some additional Psychiatry into existing units.
- 2) Informational updates related to the evaluation approaches.
- 3) Global update from HBD, that highlighted attention to student needs.
- 4) Standardization across blocks.

#### Future Topics:
- Dr. Schiller mentioned that he would like the MEC to address the USMLE take rate of part 1 – many students deferred this year – this should be reported about next month.
- Dr. Schiller would also like the MEC to review the recent resignation of two block chairs to assess what happened with that.

### Topic 8 Admissions Subcommittee Update
**Presenter** Hong

Dr. Richard Hong, Vice Chair of the Admissions Committee, provided an update of the 2016 Admissions. (His presentation slides are included at the end of these minutes.)
- Admission numbers by year and Academic Metrics by year for each of the following programs were reviewed and discussed:
  - MD Undifferentiated program.
  - UCLA-Caltech MSTP
  - UCLA PRIME
  - Charles R. Drew
- Overall for the MD Undifferentiated Program, the number of applicants has increased and yet the “yield” (the number of applicants who matriculated based on the number of applicants who were offered acceptance) has decreased slightly.
- UCLA PRIME – is fixed at 18 students per year and their admission rates mirror the undifferentiated program in many ways.
- DREW program also has a cap of 24 per year.
- Demographics by year, looking at ethnicity and gender, were reviewed.
- Rates of “Self-Identified Disadvantaged” students in the MD Undifferentiated program have increased.
- Statistics for Withdrawn Applicants were also presented. Where did they matriculate? Mostly
DGSOM has lost students to other top tier schools.

**Topic 9 Voluntary Faculty A&P Subcommittee Update**

| Presenter | Kowell |

Dr. Kowell presented the following six dossiers for appointment and promotion:

1. **Bradley K. Ackerson, MD** – Pediatrics – Promotion to Associate Clinical Professor:
2. **Kyung Cho, MD** – Neurology – Promotion to Associate Clinical Professor:
3. **Donald P. Eknoyan, MD** – Psychiatry & Biobehavioral Sciences – **Lateral Transfer/Appointment** to Associate Clinical Professor:
4. **Jonathan Hoenig, MD** – Ophthalmology – Promotion to Associate Clinical Professor
5. **Joe F. Jabre, MD** – Neurology – **Appointment** to Clinical Professor
6. **Rebecca Mardach, MD** – Pediatrics – Promotion to Associate Clinical Professor:

Further discussion and vote on these dossiers took place in Executive Session.

**Topic 10 Executive Session**

| Presenter | Schiller |

**Discussion**
The non-voting members being excused, the committee convened in Executive Session. In addition to the non-voting members, Dr. Edelstein also was excused from the Executive Session.

**Topic 11 Items from Floor and Next Meeting/ Adjourn:**

| Presenter | Schiller |

**Discussion**
Since there were no additional items for discussion, the meeting adjourned at 7:55pm.

**Next Meeting:**
- Next meeting will be on **Wed. October 5th, 2016**.

**New and Pending action items & Suggestions:**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Action Items</th>
<th>Assignee</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Minutes of the <strong>July 6, 2016</strong> FEC meeting were reviewed and approved unanimously as submitted.</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Joyce Fried indicated that David DiTullio should contact her and she will help the graduate students with getting space.</td>
<td>JF</td>
<td></td>
</tr>
<tr>
<td>Previous</td>
<td>Have the new dean of finance come to an upcoming meeting to describe the process of developing a Budget Review Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Next meeting is set for <strong>Wed. Oct. 5th, 2016</strong>.</td>
<td>All</td>
<td>10/05/16</td>
</tr>
</tbody>
</table>
UCLA Laboratory Safety Organization

WEBSITE: http://ora.research.ucla.edu/SafetyCommittee/CPSC

Nancy Wayne, PhD
Professor of Physiology
Associate Vice Chancellor for Research

![Laboratory Safety Organization Chart](chart.png)
The Chemical and Physical Safety Committee

Our mandate: Develop, recommend, update and maintain policies and procedures applicable to chemical and physical health & safety at UCLA in order to promote safe research practices.

Who we are: The CPSC is a faculty-led safety committee with representation from:
- School of Medicine
- School of Dentistry
- School of Engineering & Applied Sciences
- College of Arts & Sciences
- Office of Environment, Health & Safety
- Office of Legal Affairs
- Office of the Vice Chancellor for Research

The faculty chair of the CPSC is a member of the OVCR Safety Oversight Committee
The Chemical and Physical Safety Committee

**COMPLETED PROJECTS**

- Annual update of the Chemical Hygiene Plan
- Annual review of laboratory incidents on campus
- Annual review of EH&S laboratory inspections
- Laboratory Safety Compliance Procedure
- Guidelines for Core Facilities
- Guidelines for Teaching Labs
- Guidelines for Lab Tours

The Chemical and Physical Safety Committee

**CURRENT PROJECTS**

- Guidelines for Earthquake Preparedness
- Templates for Emergency Action Plan and Research Continuity Plan
- Guidelines for Pregnant Students in Laboratory Classes and Research Labs
- Guidelines for Researchers Working Alone
- Guidelines for Undergraduate Students Working in Laboratories
- Review of Laboratory Safety Training Requirements
  - Faculty, Research Workers, Visiting Scientists, Transfers from other institutions
The Chemical and Physical Safety Committee

QUESTIONS ABOUT CHEMICAL & PHYSICAL SAFETY POLICIES, PROBLEMS WITH IMPLEMENTATION OF POLICIES, OR ISSUES WITH LABORATORY INSPECTIONS?

Faculty are encouraged to contact the CPSC Administrator for questions or assistance:
(cpsc@research.ucla.edu)

The Chemical and Physical Safety Committee

FEEDBACK and QUESTIONS?
**Academic Series Working Group Report**

Jonathan R. Hiatt, M.D.
Vice Dean for Faculty

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**Task Force**

- Formed by VC Goldberg, led by M. Levine and R. Oye
- Report to FEC in Fall 2015
- FEC report did not address needs of (1) faculty at affiliates and (2) other stakeholders in academic process
- FEC suggested new Working Group
- Meetings 12/15, 1/16, 4/16
- Current report submitted in July 2016

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**Working Group Members**

- Michael Levine (Psych) and Robert Oye (Medicine), Chairs
- Reza Ardehali (Medicine)
- Michelle Bholat (Family Medicine)
- Robert Bennion (Surgery)
- Jonathan Jahr (Anesthesiology)
- (J. Hiatt, Dean's Office)

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**Working Group Charge**

1. Re-evaluate and recommend criteria for advancement and promotion, as well as other issues pertaining to the use of the Health Sciences Clinical Series.
2. Re-evaluate and recommend the criteria and processes to be used for appointment to the Professor of Clinical X series.
3. Re-evaluate and recommend guidelines for appointment and reappointment of faculty as Assistant Professor in the In-Residence Series.

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**HS Clinical Series**

- Original report: Investigator and Educator tracks
- Current: follow new revisions of APM 278
### APM Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>278</td>
<td>Health Sciences Clinical Professor Series</td>
</tr>
<tr>
<td>210-6</td>
<td>Instructions to Review Committees Which Advise on Actions Concerning the Health Sciences Clinical Professor Series</td>
</tr>
<tr>
<td>279</td>
<td>Volunteer Clinical Professor Series</td>
</tr>
<tr>
<td>350</td>
<td>Proposed New Academic Personnel Manual Section 350, Clinical Associate</td>
</tr>
<tr>
<td>112</td>
<td>Academic Titles (adds Clinical Associate)</td>
</tr>
</tbody>
</table>

### APM-210-6, Review Committees re HS Clin Series

210-6-b Teaching moved to top billing. Creative & service activities discussed in greater detail, more closely linked to clinical teaching and pt care activities. Research and creative activities are derived from teaching and professional activities. A list of potential creative activities similar to that which is present in Appendix 8-V-C of the UCLA Call has been added.

### Task Force Re: Creative Activity (1)
- Participation in research (not necessarily as primary investigator)
- Authorship of peer-review papers as collaborative, first or sr. author
- Authorship of case reports/clinical reviews
- Platform/poster presentations incl co-authorship w/other presenters (jr. faculty, residents)

### Task Force Re: Creative Activity (2)
- Development/substantial contributions:
  - Curricular design
  - Administration of teaching programs
  - Medical information systems
  - Clinical guidelines/pathways
  - Quality improvement programs for health care delivery

### Current recommendation
- Use Task Force criteria for research and creative activities
- Include idea that such activity can be derived from clinical teaching and professional service activities
- Reconcile with APM 278 revisions when finalized

### Working Group Charge
1. Re-evaluate and recommend criteria for advancement and promotion, as well as other issues pertaining to the use of the Health Sciences Clinical Series.
2. Re-evaluate and recommend the criteria and processes to be used for appointment to the Professor of Clinical X series.
3. Re-evaluate and recommend guidelines for appointment and reappointment of faculty as Assistant Professor in the In-Residence Series.
Clinical (X) Series

- A Senate series for exceptional clinician educators
- "Titles in this series are assigned to academically qualified individuals who are occupied full time in the service of the University, whose predominant responsibilities are in teaching and clinical service, and who also engage in creative activities." (APM 275-4)

Clinical X is capped

"The Chancellor, in consultation with the Senate, has established a limit on the number of appointments in this series. If the number of appointees in this series exceeds 1/6 of all Senate members in all the clinical departments on the campus, a Senate committee will review the appropriateness of adding new appointees in this series. For purposes of calculating the 1/6 ratio, current appointees to the Professor of Clinical (X) series are to be included in the number of 'All Senate members,' and all Emeriti Senate members are to be excluded."

(Professorial Series, Professor of Clinical (X) Series, II.G.)

Series Counts by School

<table>
<thead>
<tr>
<th></th>
<th>SOM</th>
<th>Dentistry</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Senate, n</td>
<td>935</td>
<td>49</td>
<td>984</td>
</tr>
<tr>
<td>Clinical (X) n</td>
<td>130</td>
<td>7</td>
<td>137</td>
</tr>
<tr>
<td>% of Senate</td>
<td>14</td>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

Clinical (X) by Rank and School

<table>
<thead>
<tr>
<th>Rank</th>
<th>SOM (N=130)</th>
<th>SOD (N=7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>117</td>
<td>7</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>13</td>
<td>0</td>
</tr>
</tbody>
</table>

Diversity in Clin (X) vs HS Clinical

<table>
<thead>
<tr>
<th></th>
<th>Clinical (X) (N=130)</th>
<th>HS Clinical (N=721)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Females</td>
<td>33</td>
<td>25</td>
</tr>
<tr>
<td>Males</td>
<td>97</td>
<td>75</td>
</tr>
<tr>
<td>White</td>
<td>93</td>
<td>72</td>
</tr>
</tbody>
</table>

Proposal to Academic Senate

Remove cap because:
1. Important series for Health Sciences, campus, Academic Senate
2. Appointment criteria well defined and rigorous
3. Senate has input to appointments thru CAP
4. Quota will prevent our adding deserving faculty members to the series
5. Other campus have removed cap

April 2016
**Academic Senate Response**

Cap increased to 20%. For further increase, must provide:

1. Clear criteria for Prof of Clin (X) faculty incl. standards and requirements for appointment and participating in the teaching mission.
2. Valid comparative data to understand current gender disparities in Clinical (X) faculty.
3. A plan to increase the diversity in the series.

June 2016

**Next Steps for DO and VC**

- Finalize and share task force report
- Engage with Academic Senate to loosen cap
- Improve diversity profile in Clinical (X) series

**Next Steps for Chairs**

- Give careful consideration to diversity when contemplating an appointment to Clinical (X). The available pool of talented faculty members should be considered.
- Discuss all such proposed appointments with Vice Dean for Faculty before any discussion with a faculty member and before any proposal to your departments.

**Clin X: Work Gp. Recommendations**

- Use series for faculty members that have demonstrated significant leadership in clinical and/or educational programs and excellence in teaching and clinical practice
- Documented scholarship with an influence beyond UCLA (different from HS where scholarship related to practice at UCLA)
- Recognition outside of UCLA

**Clin X: Work Gp. Recommendations**

Add new language to CALL:

- “It is expected that the percentage of time devoted to educational, clinical, creative and service activities will be appropriately balanced according to the responsibilities of individual faculty and the needs of their department or unit. Faculty members in the Clinical X series should receive sufficient non-clinical time to devote to scholarly and creative activities.”

**Clin X: Work Gp. Recommendations**

- Detailed revision to CALL language developed by Working Group after review of guidelines for appointment and advancement from other campuses
- Specific performance criteria in areas of: Teaching, Professional competence and activity, Creative work, University and public service
Working Group Charge

1. Re-evaluate and recommend criteria for advancement and promotion, as well as other issues pertaining to the use of the Health Sciences Clinical Series.
2. Re-evaluate and recommend the criteria and processes to be used for appointment to the Professor of Clinical X series.
3. Re-evaluate and recommend guidelines for appointment and reappointment of faculty as Assistant Professor in the In-Residence Series.

Promotion of In-Residence Faculty

<table>
<thead>
<tr>
<th>Year</th>
<th>Appointed Asst-IR</th>
<th>Promoted Assoc-IR</th>
<th>Changed Series</th>
<th>Left University</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-5</td>
<td>31</td>
<td>15 (48%)</td>
<td>12 (39%)</td>
<td>4 (13%)</td>
</tr>
<tr>
<td>2005-6</td>
<td>35</td>
<td>18 (51%)</td>
<td>12 (34%)</td>
<td>5 (14%)</td>
</tr>
<tr>
<td>2006-7</td>
<td>29</td>
<td>17 (59%)</td>
<td>5 (17%)</td>
<td>7 (24%)</td>
</tr>
<tr>
<td>2007-8</td>
<td>29</td>
<td>11 (38%)</td>
<td>12 (41%)</td>
<td>6 (21%)</td>
</tr>
<tr>
<td>2008-9</td>
<td>20</td>
<td>7 (35%)</td>
<td>10 (50%)</td>
<td>3 (15%)</td>
</tr>
<tr>
<td>Total</td>
<td>144</td>
<td>68 (47%)</td>
<td>51 (35%)</td>
<td>25 (17%)</td>
</tr>
</tbody>
</table>

In-Res: Work Gp. Recommendations

- Reserve series for unique individuals with special promise for success in a rigorous academic track
- Appointments reviewed and approved by Dean's Office prior to offer
- Documentation from dept. chair:
  - Protected time
  - Adequate resources
  - Active mentoring plan

Summary

- Working Group report re HS Clinical, Clinical X, and In-residence series
- Includes modifications of original Task Force report with input of members nominated by FEC

APM Revisions Overview

1. Strengthen and refine criteria for appointment and advancement depending on type of academic clinician
2. Differentiate policy language for volunteers and for salaried and without salary faculty
3. Repurpose the Clinical Associate title, a non-faculty academic title, to be used for 1) without academic salary and paid staff clinicians with no teaching duties, and 2) without academic salary, volunteer appointees employed by University health system network sites and satellite facilities
## MD Undifferentiated program

### Admissions numbers by year

<table>
<thead>
<tr>
<th>STATUS</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>6802</td>
<td>7126</td>
<td>8012</td>
</tr>
<tr>
<td>Screened</td>
<td>1428</td>
<td>1737</td>
<td>1684</td>
</tr>
<tr>
<td>Interviewed</td>
<td>562</td>
<td>558</td>
<td>607</td>
</tr>
<tr>
<td>Accepted</td>
<td>190</td>
<td>195</td>
<td>211</td>
</tr>
<tr>
<td>Matriculated</td>
<td>121 (64% yield)</td>
<td>117 (60% yield)</td>
<td>123 (59% yield)</td>
</tr>
</tbody>
</table>

### Academic metrics by year

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total GPA</td>
<td>3.78</td>
<td>3.78</td>
<td>3.73</td>
</tr>
<tr>
<td>BCPM GPA</td>
<td>3.74</td>
<td>3.76</td>
<td>3.68</td>
</tr>
<tr>
<td>AO GPA</td>
<td>1.83</td>
<td>1.80</td>
<td>2.80</td>
</tr>
<tr>
<td>Total MCAT</td>
<td>34.0</td>
<td>34.1</td>
<td>32.5</td>
</tr>
</tbody>
</table>

* Only for students who took old MCAT

## UCLA-Caltech MSTP

### Admissions numbers by year

<table>
<thead>
<tr>
<th>STATUS</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>446</td>
<td>501</td>
<td>514</td>
</tr>
<tr>
<td>Screened</td>
<td>328</td>
<td>394</td>
<td>390</td>
</tr>
<tr>
<td>Interviewed</td>
<td>83</td>
<td>91</td>
<td>86</td>
</tr>
<tr>
<td>Accepted</td>
<td>35</td>
<td>44</td>
<td>41</td>
</tr>
<tr>
<td>Matriculated</td>
<td>11 (33% yield)</td>
<td>17 (38% yield)</td>
<td>10 (24% yield)</td>
</tr>
</tbody>
</table>

### Academic metrics by year

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total GPA</td>
<td>3.74</td>
<td>3.82</td>
<td>3.77</td>
</tr>
<tr>
<td>BCPM GPA</td>
<td>3.74</td>
<td>3.82</td>
<td>3.71</td>
</tr>
<tr>
<td>AO GPA</td>
<td>1.83</td>
<td>1.83</td>
<td>1.83</td>
</tr>
<tr>
<td>Total MCAT</td>
<td>36.8</td>
<td>35.5</td>
<td>36.0</td>
</tr>
</tbody>
</table>

* Only for students who took old MCAT
### UCLA PRIME

#### Admissions numbers by year

<table>
<thead>
<tr>
<th>STATUS</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>932</td>
<td>928</td>
<td>1,109</td>
</tr>
<tr>
<td>Screened</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Interviewed</td>
<td>77</td>
<td>76</td>
<td>77</td>
</tr>
<tr>
<td>Accepted</td>
<td>28</td>
<td>27</td>
<td>26</td>
</tr>
<tr>
<td>Matriculated</td>
<td>18 (64% yield)</td>
<td>18 (67% yield)</td>
<td>18 (69% yield)</td>
</tr>
</tbody>
</table>

#### Academic metrics by year

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total GPA</td>
<td>3.39</td>
<td>3.44</td>
<td>3.53</td>
</tr>
<tr>
<td>BCPM GPA</td>
<td>3.28</td>
<td>3.36</td>
<td>3.38</td>
</tr>
<tr>
<td>AO GPA</td>
<td>3.55</td>
<td>3.61</td>
<td>3.74</td>
</tr>
<tr>
<td>Total MCAT</td>
<td>28.4</td>
<td>28.1</td>
<td>26.2</td>
</tr>
</tbody>
</table>

*Only for students who took old MCAT

### Charles R. Drew

#### Admissions numbers by year

<table>
<thead>
<tr>
<th>STATUS</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applied</td>
<td>1976</td>
<td>2171</td>
<td>2446</td>
</tr>
<tr>
<td>Screened</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Interviewed</td>
<td>140</td>
<td>160</td>
<td>165</td>
</tr>
<tr>
<td>Accepted</td>
<td>36</td>
<td>47</td>
<td>37</td>
</tr>
<tr>
<td>Matriculated</td>
<td>24 (67% yield)</td>
<td>24 (51% yield)</td>
<td>24 (65% yield)</td>
</tr>
</tbody>
</table>

#### Academic metrics by year

<table>
<thead>
<tr>
<th>Metric</th>
<th>2014</th>
<th>2015</th>
<th>2016*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total GPA</td>
<td>3.41</td>
<td>3.39</td>
<td>3.47</td>
</tr>
<tr>
<td>BCPM GPA</td>
<td>3.32</td>
<td>3.28</td>
<td>3.37</td>
</tr>
<tr>
<td>AO GPA</td>
<td>3.48</td>
<td>3.54</td>
<td>3.58</td>
</tr>
<tr>
<td>Total MCAT</td>
<td>27.8</td>
<td>27.1</td>
<td>27.5</td>
</tr>
</tbody>
</table>

*Only for students who took old MCAT
## Demographics by year

### Ethnicity

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian</td>
<td>26.9%</td>
<td>37.1%</td>
<td>28.0%</td>
</tr>
<tr>
<td>White</td>
<td>26.9%</td>
<td>22.3%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Spanish/Hispanic/Latino/Latina</td>
<td>13.1%</td>
<td>17.1%</td>
<td>22.3%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>16.0%</td>
<td>12.0%</td>
<td>16.0%</td>
</tr>
<tr>
<td>Multiple, Non-URM</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.8%</td>
</tr>
<tr>
<td>Multiple, URM</td>
<td>4.4%</td>
<td>4.0%</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other</td>
<td>4.8%</td>
<td>2.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>No response</td>
<td>8.6%</td>
<td>4.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Gender

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>48%</td>
<td>47%</td>
<td>48%</td>
</tr>
<tr>
<td>Female</td>
<td>52%</td>
<td>53%</td>
<td>52%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

### Self-Identified Disadvantaged (MD undiff only)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>38%</td>
<td>33%</td>
<td>48%</td>
</tr>
<tr>
<td>No</td>
<td>62%</td>
<td>67%</td>
<td>48%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

## Undergraduate institutions of the 2016 entering class
Undergraduate institutions of the 2016 entering class

Withdrawn Applicants – where did they matriculate? (MD Undifferentiated only)

| School                  | UCSF | Harvard | Stanford | UCSD | UC Chicago-Pritzker | Columbia | Johns Hopkins | New York State | U Pennsylvania | UC Irvine-PRMU | Other Schools | TOTAL |
|------------------------|------|---------|----------|------|--------------------|----------|---------------|----------------|----------------|----------------|---------------|---------|-------|
| Total                  | 54   | 8       | 26       | 88   |                    |          |               |                |                |                |               | 88      |       |