Appendix D

PROPOSED BY-LAWS
DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA
DEPARTMENT OF HEAD & NECK SURGERY
PROPOSED BY-LAWS

ARTICLE I—NAME

The Department of Head & Neck Surgery, David Geffen School of Medicine at UCLA.

ARTICLE II—MISSION

To unify the subspecialties of Head & Neck Surgery, provide exemplary patient care addressing the physiological and psychological needs of patients, and to foster an outstanding and diverse training environment for Head & Neck surgeons of the future.

ARTICLE III—MEMBERS

Section 1.—Full-Time Faculty. All members who are salaried at the UCLA Center for the Health Sciences (CHS) or at one of the primary teaching affiliated institutions are appointed to the faculty in one of the following academic series: Regular rank, In-Residence, Professor of Clinical X, Adjunct or Clinical Compensated. Each Academic Senate faculty member shall have one vote in divisional or general departmental faculty meetings.

Section 2.—Voluntary Faculty. Individuals who are non-salaried by the University may be appointed to the Voluntary Faculty in the Clinical Non-Compensated academic series. Voluntary faculty must fulfill defined teaching activities on an annual basis in order to remain members. Clinical faculty participation is reviewed at least every three (3) years to ensure compliance with Clinical Faculty Guidelines as stated in department policy.

Section 3.—Staff. All non-faculty employed by the Department of Head & Neck Surgery are defined as staff under the following classifications: Management and Professional (MAP), Administrative and Professional (A & PS), Staff Research Associates, Clinical, and Clerical and Technical. Members of the Clinical and Clerical and Technical classifications are represented by recognized bargaining units. Staff may be employed as career employees with comprehensive University benefits or Limited Appointment employees with partial benefits.

Section 4.—The Department of Head & Neck Surgery does not discriminate in hiring, promotion, teaching or patient care delivery on the basis of race, religion, gender, national origin, age, sexual preference, income or disability.
ARTICLE IV—DIVISIONS AND SECTIONS

The Department of Head & Neck Surgery shall be composed of separate divisions representing distinct surgical and science subspecialties. The Departmental Chairman, in consultation with the Head & Neck Division Chiefs and the Dean of the David Geffen School of Medicine, may recommend the creation, merger, or elimination of divisions contingent upon programmatic or financial justification. Academic Senate Faculty will have an opportunity to provide verbal and written input about any such recommendation(s). The following programs shall be recognized as designated academic divisions or programs:

- Laryngology
- Otolaryngology/Neurotology
- Head & Neck Oncology
- Plastic & Reconstructive Surgery
- Rhinology
- Pediatric Otolaryngology
- Audiology
- Health Psychology

All faculty will be members of a designated division. All staff shall be employed within a division, unit, or the general department.

ARTICLE V—OFFICERS

The Department Chair shall be the executive officer of the Department, responsible to the Dean and Vice Chancellor for Medical Sciences for the effective operation of the Department’s programs, financial management, and for compliance with University policies and goals.

Based on the recommendation of the Vice Chancellor and Dean for Medical Sciences, the Department Chair shall be appointed by the Chancellor of the University through the customary review and approval process. The Chair is normally appointed for a term of five (5) years and renewal of a Chair’s appointment is contingent upon a favorable five year review conducted by the Chancellor in consultation with the Vice Chancellor and Dean for Medical Sciences.

The Chair may propose the appointment of (an) Executive Vice-Chair(s) who would assist the Chair in determining department policy, represent the Department in lieu of the Chair at various School-wide and University committees, and shall serve as Chair in the event the Chair is out-of-town, on vacation, or unable to temporarily carry out his duties as Chair. Appointment of the Executive Vice-Chair shall be approved by the Chancellor and renewed annually.
In addition, Senate Faculty Group Officers shall be elected by the Faculty who are members of the Academic Senate. These members include those faculty appointed in the Regular Rank, In-Residence and Professor of Clinical X series. The Department of Head & Neck Surgery shall hold at least one Senate Faculty Group meeting annually, at which the President shall officiate and the Secretary shall maintain official minutes approved by the Chairman.

Every three years, the Academic Faculty within the Department of Head & Neck Surgery will be charged with filling the offices of: 1) President, 2) Secretary, and 3) Representative of the Legislative Assembly of the Academic Senate. The nominations and elections for the President and Secretary offices will be overseen by the outgoing Secretary or, in his or her absence, the Chair of the Department. All nominations and elections will be held via "blinded" ballots. Nominations and elections for two Representatives to the Legislative Assembly of the Academic Senate will be solicited and collated via secret ballot by the Academic Personnel Coordinator for the Department of Head & Neck Surgery and forwarded to the Campus Academic Senate Office.

**Duties of the Department of Head & Neck Surgery Senate Faculty Group Officers:**

**President:** The President will oversee all meetings of the faculty of the Department of Head & Neck Surgery who are also Members of the Academic Senate. He/she will be responsible for assuring that a meeting is held at least once per year or if Senate Members have requested a special meeting. The President will be responsible for soliciting agenda items from all full time faculty, then approving the agenda. Each meeting will be run according to parliamentary procedures. All motions that are raised to question will be voted on by the Academic Senate Members present at the meeting. In the case of a tie vote, the President will have the responsibility to vote in order to bring the motion to closure. The President will then advise the Department Chair of the actions/recommendations of the Senate Faculty Group providing a written report that will be made available to the University Academic Senate.

**Secretary:** The Secretary will be responsible to collect the minutes of each departmental Senate Faculty Group meeting and will submit to the President for final approval. In addition, the Secretary will prepare the written annual report for the President's review and approval. In circumstances when the President is not available, the Secretary will assume the responsibilities as President.

**Representative of the Legislative Assembly of the Academic Senate:** The two Representatives of the Legislative Assembly of the Academic Senate will be required to attend (or appoint someone in his/her absence) all appropriate University Academic Senate meetings. He/she will communicate to the President and Secretary all relevant information obtained from these meetings as well as pass along proposed actions or recommendations that require input from the Senate Faculty Group Members of the Department of Head & Neck Surgery.
The Chiefs of Head & Neck Surgery at West Los Angeles Veterans Administration Medical Center and Harbor/UCLA Medical Center shall be designated as Vice Chairs of the Department of Head & Neck Surgery upon proposal by the Chair and approval by the Chancellor for a term of five years, subject to review and re-appointment by the Executive Chairman.

ARTICLE VI—DIVISION and/or PROGRAM CHIEFS

Division Chiefs are appointed and serve at the discretion of the Department Chair for a term of five years and are subject to review and re-appointment by the Executive Chairman. The appointment is administrative, rather than academic in nature and therefore may be extended or terminated provided there is programmatic justification to do so.

ARTICLE VII—POSTGRADUATE EDUCATION

The faculty shall have the overall responsibility for the selection and training of all house staff appointed by the Department of Head & Neck Surgery. The training experience shall assure an optimal provision of education to residents and medical care to patients, consistent with the general and specific requirements of the Accreditation Council on Graduate Medical Education. Requests for assignment of house staff positions by the various institutions affiliated with the Department shall be considered by the appropriate reviewing bodies within the Department. The Director of Head & Neck Surgical Education shall be responsible for overseeing the curricula and policies of the postgraduate educational programs. This position shall be the Chair or appointed by the Chair, in which case the appointee would report directly to the Chair for all educational matters.

ARTICLE VIII—MEETINGS

The Department Chair shall convene meetings of the general Head & Neck Surgery faculty, which consists of Academic Senate faculty, and adjunct and clinical faculty on a monthly basis. Agenda for the meetings shall be set in advance by the Chair and notices of the scheduled meetings shall be distributed in advance to the general faculty. All general faculty will be encouraged to submit recommendations for agenda items to the Department Chair. Voluntary faculty may be permitted to attend general meetings, but the Chair shall reserve the right to deny their attendance. Voluntary faculty shall not have voting privileges. An attendance of 51 percent of the Academic Senate faculty shall constitute a quorum and a two-thirds majority vote of those in attendance shall be required in any matter before the body. All meetings and committees conducted by the Department will utilize appropriate and customary parliamentary procedures for order and voting processes.
ARTICLE IX—STANDING COMMITTEES

The Chair shall appoint standing and ad hoc committees as appropriate, in consultation with the elected officers of the Senate Faculty Group. The following standing committees shall be maintained by the Department:

Senate Faculty Group—The composition and schedule of meetings has been enumerated in Article V. The Senate Faculty Group shall address academic issues affecting the Head & Neck Surgery faculty and the medical school. Where issues lie solely within the province of the Department, this body has the authority to define policy in consultation with the Department Chair. Where issues pertain to the School or University as a whole, this body shall issue resolutions and/or recommendations which shall be forwarded to the Department Chair, who in turn will consult with the Dean, Provost for Medical Sciences, Campus Academic Senate and/or the Chancellor.

Chairman’s Executive Council: Consists of the selected members of the ladder series faculty of the Department of Head & Neck Surgery and will provide a forum to meet and speak frankly with the Chairman about any issues that may have an impact on the overall mission of the Department. The Executive Council will meet on a quarterly basis with the intent to discuss academic and educational issues including concerns about individual faculty. In addition, high level administrative issues such as compensation to ensure ethical, clinical and scientific integrity will also be discussed. Confidential records will be taken and recorded as minutes by the Department CAO. The Executive Council will be selected by the Department Chairman and not be of any specific academic rank or seniority.

Appointments and Promotions Committee—This is a Committee of Academic Senate full professors appointed by the Department of Surgery Chair. The Chair of the Committee shall convene the Committee in accordance with the Campus dossier submission timetable and assign dossiers to each committee member for in-depth review. The Academic Personnel Coordinator for the Department of Head & Neck Surgery shall provide staff support, i.e., schedule meetings, distribute the dossiers, record minutes, etc. This Committee shall meet at least four (4) times annually for the purpose of reviewing all dossiers proposed for appointment, promotion, termination of appointment, change in series, or merit increase. The Committee shall forward their recommendations to the Department of Surgery Executive Committee. Minutes of all meetings shall be discussed at the Department of Surgery Executive Committee and maintained both in the academic dossier forwarded to the Dean’s Office and in departmental academic files. Prior to the convening of the Appointments and Promotions Committee, a secret ballot is sent to the Department of Head & Neck Surgery full time faculty in accordance with Senate ByLaw 55. A second vote is solicited via secret ballot to the Department of Surgery Executive Committee. All votes are tallied and compiled by the Department of Head & Neck Surgery Academic Personnel coordinator. Vote tallies are then placed in the dossier for consideration by the Committee for Academic Promotion (CAP).
Education Committee—The Education Committee shall be responsible for overseeing the curriculum of the training programs (medical student clerkships, residencies, and fellowships), recommending policy, and adjudicating coverage and resource allocation issues. The Committee is composed of the Department Chair, Director of Surgical Education, the Residency Program Chairs, and the Director of the Education Office. The committee shall meet at least annually, but sub-committees may be convened on a more frequent basis as specific aspects of the educational program require. Minutes of all Committee meetings shall be maintained by the Director of the Education Office.

Quality Assurance Committee—The Departmental Quality Assurance Committee will be composed of the Surgery divisional faculty, a Head & Neck Surgery Department representative, Quality Assurance Coordinators, and the departmental Quality Improvement Nurse Coordinator. This Committee shall meet at least three (3) times annually for the purpose of assuring compliance with JCAHO regulations and state licensing regulations, assuring consistency of QA/QI policies and procedures across the department, resolving problems which can not be agreed upon at the divisional level, and defining department-wide quality assurance policy. Minutes of all meetings shall be maintained on file in the Department of Head & Neck Surgery Administrative Office and the Department of Surgery Quality Assurance Office.

Space Allocation Committee: This Committee shall develop strategic direction, in concert with the Department Chair, with respect to allocation of research space. This Committee shall meet at least once annually in order to review the space plan for the Department, review and prioritize any requests for new or additional space, and provide recommendations to the Executive Chairman on retention of existing research space by investigators. The Department Chairman will make final determinations about the allocation of administrative and research space as well as operating room and outpatient clinic block time within the Department.

ARTICLE X—APPOINTMENT AND PROMOTION

Academic Senate faculty shall be responsible for evaluating candidates for appointment and promotion. Candidates shall be evaluated based on the following criteria: 1) professional training and technical competence; 2) local, regional and national recognition in their academic specialty; 3) evidence of teaching abilities and on-going commitment to the training program; 4) evidence of creative investigation in either basic or clinical research; and 5) university service. Each dossier must contain documentation that strongly supports fulfillment of the aforementioned criteria. Each dossier beyond the initial appointment must contain teaching evaluations by residents and students, as well as peer review evaluations by faculty. Appointments, promotions and changes in academic series must also provide letters of intramural and extramural support that attest to the individual's
capabilities with respect to the above criteria. Actions shall be reviewed according to the following process:

1. Faculty review, discussion, and vote of the Department of Head & Neck Surgery in accordance with Senate ByLaw 55.
2. Department of Surgery Appointments and Promotions Committee
3. Department of Surgery Executive Committee
4. Dean's Office
5. Ad Hoc Review Committee (as needed at the discretion of the Chancellor's Office)
6. Committee on Academic Personnel (CAP)
7. Chancellor's Office

Standard on-schedule merit increases within each rank and fourth year appraisals of assistant professors shall be approved at the Dean's Office level.

ARTICLE XI—COMPENSATION PLANS

1. Income Limitation Plan

ILP members are compensated commensurate with the academic base salary only. Other compensation is generated by the individual through the professional practice of surgery. ILP faculty are permitted to independently handle their billing and collection activities by University approved external vendors, as well as to maintain sole shareholder, single employee professional corporations. Billing activities shall utilize the billing software system that is maintained by the School of Medicine. ILP members are required to pay for all University staff and services utilized in the course of performance of their academic duties and clinical practice. ILP members shall be required to submit an ILP Annual Report to the Department no later than the 15th of every June documenting their income, practice-related expenses, and assessment payable to the Department for the prior calendar year period. ILP members are assessed a quarterly estimated amount in September, December and March based on their prior year's assessment. All balances are due on June 15th, with any credits applied to the next quarter's billing. Members are additionally required to provide the Department with a year-end management report and incorporated members must forward a copy of their federal corporate tax return to the Department's outside accountancy firm for audit purposes. Specific guidelines for the Income Limitation Plan are enumerated in Appendix A of both the Health Sciences Compensation Plan and the UCLA School of Medicine Implementation Procedures under the UC Health Sciences Compensation Plan.

The Dean shall assess 20 percent of annual ILP assessment payments made to the Department. The Department shall assess a percentage of gross ILP professional fee income to cover overall departmental expenses, such as resident overage and administrative infrastructure costs.
MCP/Group Practice Plan: All Department of Head & Neck Surgery non-ILP faculty appointed at 51 percent of full-time or greater and engaged in clinical practice shall be required to be members of the Health Sciences compensation plan. New Plan faculty (all ranks) will be guaranteed a salary (X and Y components) for at least their first two years of practice. The base salary (X) and the delta (Y) shall be guaranteed thereafter on an annual basis. After the initial three years of appointment or by special agreement by the Department Chair, Plan faculty may also be eligible for incentive pay (Z) and their Y may decrease accordingly. Associate Professors and Professors are eligible to receive incentive payments as soon as they reach profitability. All Plan faculty shall be eligible to receive incentive payments no later than the beginning of their fifth year on the full-time faculty. Plan faculty who do not generate sufficient income, either professional fees, extramural funding or administrative/educational/service support, as determined by the Department Chairman, will be subject to salary renegotiation. Guidelines of this plan are as follows:

A. The Department Plan permits the use of scale 8 of the UC expanded base salary schedule established as academic program units (APU’s). The following are exceptions:

1. Fellows and visiting faculty shall be assigned to scale 0.
2. Community-based faculty shall be assigned to scale 3.
3. Faculty on the plan with primary teaching and administrative duties may be assigned to scale 3.
4. Clinical Ph.D. (and other non-MD) practicing faculty shall be assigned to scale 3.
5. Medicine practitioners recruited to the Department shall be assigned to scale 3.

B. Each individual will receive an additional negotiated salary component (Y) based on his/her accomplishments in research, teaching, and administrative work over the past academic year. Performance assessment in these areas shall be made by the Department Chair. The Y component shall reflect the following criteria:

1. Research
   a) Number and quality of research publications, including basic laboratory and clinical research. The assessment of quality shall take into account a subjective estimate of the importance of the findings and the prestige of the journals in which material is published.
   b) Acquisition of peer reviewed research grants or other independent funding.
   c) Special awards in recognition of outstanding research.

2. Teaching
   a) Extent of resident and medical student teaching.
   b) Resident/student and peer evaluations of teaching effectiveness.
c) Administrative responsibility for resident or medical student teaching programs, e.g., clerkship director, Assistant Dean for Student Affairs.
d) Awards for teaching excellence.
e) Ratings of effort and effectiveness of teaching by the Department Chair or colleague.

3. Administration

a) Amount and quality of administrative work within the Department, e.g., as section chief, division chief, on departmental committees.
b) Amount and quality of administrative work on School of Medicine, Medical Center, or University Committees.
c) Amount and quality of administrative work on regional and/or national professional organizations.

4. Clinical Practice

a) History of professional fee revenues during the prior three academic years.
b) Likelihood of sustained clinical productivity. The model targets the salary guarantee (X + Y components) to be within the 20th – 80th percentile of the AAMC guidelines for rank and specialty (Table 27). However, the Chairman shall have discretion in determining the amount of Y to be paid to faculty members. If special circumstances either preclude a division from reaching the 20th percentile target, or necessitate that a division exceed the 80th percentile target, the level of guarantee shall be proposed and approved by the Department Chair.
c) Incentive pay (Z component) may only be paid to faculty on the group practice plan who generate clinical revenues. The methodology for computing Z payments shall be consistent across the Department. Payments shall be made only after all academic and practice costs have been met. If the Department is in deficit in their group practice account, Z payments to a particular faculty member(s) shall not be permitted without the expressed approval of the Department Chair and the Dean's Office.
d) The Z component shall be based on net income after practice expenses (billing and collections, facility usage charges, secretary, other), taxes (Dean's Department, PSS), the reserve requirement, and the faculty salary guarantee (and corresponding fringe benefits) have been covered as follows:

<table>
<thead>
<tr>
<th>Income Levels:</th>
<th>&lt;$250K</th>
<th>$250-&gt;$500K</th>
<th>$500K</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistant Professor</td>
<td>80%</td>
<td>60%</td>
<td>50%</td>
</tr>
<tr>
<td>Associate Professor</td>
<td>85%</td>
<td>70%</td>
<td>60%</td>
</tr>
<tr>
<td>Professor</td>
<td>90%</td>
<td>75%</td>
<td>65%</td>
</tr>
</tbody>
</table>
The remainder of the net income reverts to the Division for discretionary needs. If a faculty member is separating from the University and is due a Z payment, he/she will receive payment computed in the normal fashion and distributed from any remaining accounts receivable in the same manner as faculty continuing on the faculty. The Z payment would reflect professional fee collections received through the faculty member's last day of employment with the University. Collections received after the faculty member's separation date would belong to the Department.

e) All professional fee income generated by Compensation Plan members shall be reported to the Department and flow through departmental accounts. Professional fee income includes clinical services to patients, expert witness fees or other like consulting income. There shall be a Dean's Tax, Department Tax, and Divisional Tax applied against gross professional fee income before any expenses are covered and incentive payments are made. The Dean shall assess a percentage of gross professional fee income (currently 4 percent), net of agreed upon adjustments. Physician Support Services shall assess a percentage of gross professional fee income (currently 11 percent). The Department tax shall be assessed a percentage of gross professional fee income to cover overall departmental expenses such as resident overage and administrative infrastructure costs. The tax may vary between 5 and 10 percent depending upon Departmental programmatic needs. An additional Reserve Tax may be implemented on an as-needed basis as determined by the Department Chair. With sufficient programmatic justification, the Department Chair may at his discretion waive customary departmental fees for community-based full-time faculty as long as the community-based faculty pay all direct expenses, as well as an agreed upon annual fee for indirect administrative overhead incurred by the department.

f) Standard plan expenses represent billing and collections, facility fees, and academic secretary salary and benefits. Other expenses are defined as all other expenses funded through the group practice to support the practice and/or academic activities of the individual faculty member. Examples of such expenses may include, but are not necessarily limited to, the following categories: travel, professional dues and subscriptions, malpractice allocation, slides/media preparation, office supplies and equipment, photocopying, books, printing and publications, lab coats, pagers, blackberry devices, computer equipment, and telephones.

The "other expense" category is meant to denote expenses specifically attributable to an individual's practice or academic activities. The plan does not intend to customarily allocate capital projects or other non-recurring expenses in the "other expense" category. However, there may be circumstances in which programmatic expenses are shared by faculty where mutual benefit is derived or where available discretionary funds are insufficient to support capital projects. Such circumstances would require general agreement by divisional faculty in
concert with the recommendation of the Department Chair. Any expenditure practice which falls outside of these parameters is inconsistent with the intent and spirit of the plan.

g) If a new Associate Professor or Professor generates a profit before the end of year two and requests to go on the incentive plan before year three, he/she may be permitted to do so, with the approval of the Department Chair. Assistant Professors will not be permitted to go on the incentive plan until year three and only with the approval of the Department Chair. The Department Chair will have discretion to place group practice faculty on the incentive plan in years three, four, or five of their full-time appointment. However, all group practice faculty shall go on the incentive plan as of the fifth year of their appointment. This policy is intended to ensure that the academic/research programs of new faculty have an adequate opportunity to develop.

h) At the point that a faculty member goes on the incentive plan, his/her subsequent cash collections accrue to the calculation of that faculty member’s Z compensation, regardless of whether these collections relate to services rendered prior to or following movement on the incentive plan.

i) In general, incentive “Z” payments shall be made on a quarterly basis during the month following the close of each fiscal year quarter. Exceptions may be made at the discretion of the Department Chair, based on departmental need and/or individual circumstances.

j) The departmental compensation plan may be reviewed and revised by a majority vote of the faculty with approval by the Department Chair and Dean.

k) The Department has not established Academic Enrichment Accounts. No funds will be set aside for such purpose.

5. **Basic Science Faculty:** Basic Science faculty shall be integrated into the Campus Health Sciences Compensation Plan. Compensation shall include base salary (X) and delta (Y) components. Academic programmatic units (APU’s) may be assigned by each surgical division from Scale 1 – 3. Compensation of the basic science faculty shall be negotiated annually between the faculty member and the Department Chair. Basic Science faculty who do not have a state FTE associated with their position are expected to generate sufficient extramural funding in order to support the total negotiated salary. All professional fee income generated by Basic Science Faculty members shall be reported to the Department and flow through departmental accounts according to the rules of the Health Sciences compensation plan.

**ARTICLE XIII—APPOINTMENTS TO SCHOOL, MEDICAL CENTER AND UNIVERSITY COMMITTEES**

The Department Chair shall sit on standing and ad hoc committees in the Medical School, Medical Center, and the University Campus. In his absence he shall be represented by the
Executive Vice-Chair or other designee. The Department Chair may also propose that members of the Department of Head and Neck Surgery represent the Department on appropriate committees. Individuals may be asked to serve on more than one committee.

ARTICLE XIV—AMENDMENT OF BY-LAWS

The Department By-laws may be amended at any time by a two-thirds vote of the voting members of the Department of Head & Neck Surgery, provided that the proposed amendment has been submitted in writing and circulated to the entire full-time faculty at least one month prior to the vote being taken.

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