INTRODUCTION

The Department of Medicine Committee on Appointments and Promotions (MedCAP) has been operating under approved procedures detailed in a description dated July 1, 1975 and summarized in a memo of November 8, 1979 to Professor Miech by David H. Solomon, M.D., then Professor and Executive Chair of the Department of Medicine. With the expansion and restructuring of the Department, revisions were made to update the relevant procedures in October of 1989. As noted in the July 1, 1975 summary of the procedures, the purposes of the then new procedures were and continue to be: 1) to free the Department of Medicine Executive Committee from the academic review process so that it can devote its time to policy making functions; 2) to be in conformity with the rules of the Academic Senate; and 3) to ensure that voting on substantial Academic Personnel matters is based on a solid foundation of knowledge about the faculty member concerned.

The present revisions are made to reflect changes in the organization of the Department of Medicine and address all academic appointments and advancements of departmental full-time faculty in accordance with the Bylaws of the Academic Senate.

FACULTY ENFRANCHISED TO VOTE ON ACADEMIC PERSONNEL ACTIONS IN THE DEPARTMENT OF MEDICINE

By a vote of the full and associate professors in the Department of Medicine in the Regular (line, 19900) series on November 13, 2015 and in accordance with Rule 55 of the Bylaws of the Academic Senate, the following members of the Department of Medicine were enfranchised to vote on faculty appointments and promotions and other matters related to the academic personnel process: full or associate professors in the In Residence series (30 votes in favor; 3 votes opposed); full or associate professors in the Professor of Clinical X (e.g. Medicine) series (26 votes in favor; 7 opposed); Recalled Emeriti faculty that had membership in the Academic Senate at the rank of full or associate professors in the Regular (line, 19900) series (27 votes in favor; 6 opposed); Recalled Emeriti faculty that had membership in the Academic Senate at the rank of full or associate professors in the In Residence series (26 votes in favor; 7 opposed); Recalled Emeriti Faculty that had membership in the Academic Senate at the rank of full or associate professors in the Professor of Clinical X (e.g. Medicine) series (25 votes in favor; 8 opposed).

DELEGATION OF AUTHORITY TO THE DEPARTMENT OF MEDICINE COMMITTEE ON APPOINTMENTS AND PROMOTIONS (MedCAP) FOR ACADEMIC PERSONNEL ACTIONS THAT DO NOT REQUIRE A VOTE OF THE ACADEMIC SENATE FACULTY

By a vote of the enfranchised full and associate professors (Academic Senate Faculty) in the Department of Medicine on December 4, 2015 academic personnel actions that do not require a vote of the Academic Senate Faculty are delegated to MedCAP (51 votes in favor; 1 opposed).
DEPARTMENT OF MEDICINE COMMITTEE ON APPOINTMENTS AND PROMOTIONS
(MedCAP)

1. All full or associate professors who are enfranchised to vote on academic personnel actions (members of the Academic Senate) in the Department of Medicine are eligible to be members of MedCAP, except for the Executive Chair, or Affiliate Chairs. While only members of the Academic Senate enfranchised to vote on academic personnel actions are eligible to serve on MedCAP, the membership on MedCAP will proportionally represent the number of total faculty at each program (site), excluding Visiting and Clinical Instructor appointments, and excluding voluntary clinical faculty members whose appointments and promotions are not the purview of MedCAP.

Similarly, while MedCAP membership will be restricted to full or associate professors who are enfranchised to vote on academic personnel actions (members of the Academic Senate), the members of MedCAP will be elected by the entire UCLA Department of Medicine faculty at the rank of full or associate professor at each program or site (excluding Visiting appointments, and excluding voluntary clinical faculty members whose appointments and promotions are not the purview of MedCAP). This process is intended to provide fairness to the faculty members of non-Academic Senate series whose academic personnel actions will be voted upon by MedCAP. To determine proportionality by program (site) for MedCAP membership the following process will be followed. The number of total faculty members in all series at all ranks in the Department of Medicine (excluding Visiting and Clinical Instructor appointments and excluding members of the voluntary clinical faculty) will be divided by the number of MedCAP members. The resulting "representative ratio" will be used to determine the number of faculty represented by each MedCAP member. There will be a minimum of one representative from each program (site) with more faculty members than the "representative ratio.” Dividing the total number of faculty members in all series at all ranks in the Department of Medicine (excluding Visiting and Clinical Instructor appointments, and excluding voluntary clinical faculty members) at each program (site) by the "representative ratio" will determine the number of representatives for that program (site) on MedCAP. The representative membership of MedCAP may be adjusted by the Executive Chair in order to allow fair representation of each program (site). Each program will also elect an alternate representative for each regular position.

The total membership of the Committee will be determined by the Executive Chair. The Executive Chair may change the total membership to reflect changes in the number and distribution of faculty. A quorum is defined as a majority of the number of regular members including the Chair of MedCAP.

2. The Executive Vice Chair for Academic Affairs of the Department of Medicine will Chair MedCAP. An alternate Chair will be selected by the Executive Chair or the Executive Vice Chair for Academic Affairs from the membership of the Committee for those meetings where the Executive Vice Chair for Academic Affairs cannot attend.

3. The affiliated programs of the Department of Medicine with sufficient faculty members to have a designated representative on MedCAP currently consist of Olive View-UCLA Medical Center, Cedars-Sinai Medical Center, Harbor-UCLA Medical Center, and the Greater Los Angeles VA Health System. The affiliated programs of King-Drew Medical Center and Kern Medical Center and associated programs (e.g. Southern California Kaiser-Permanente Sunset Medical Center and Saint Mary’s Medical Center in Long Beach) do not currently have sufficient numbers of faculty members to warrant a designated representative on MedCAP. Such programs may be represented on MedCAP by Ad Hoc members to be determined by the Executive Chair.
4. The term of membership on MedCAP will be 3 years with 1 additional consecutive term being possible for a maximum of 6 consecutive years. An individual may, however, serve one full or partial term as an alternate and then two consecutive terms as a regular member. After a MedCAP member has been off the Committee for at least three years he/she may be re-elected. Exceptions to this arrangement will require the approval of the Executive Chair of the Department of Medicine.

5. Accepting membership on MedCAP acknowledges a commitment to active involvement on the Committee. Regular members who are absent for more than 1/3 of the meetings within any twelve month period may be asked to step down by the Executive Chair.

6. MedCAP will generally meet the second and fourth Tuesday of each month.

7. MedCAP will convene when a majority is present (currently 9 members). The final recommendation of MedCAP will be determined by a majority of the members present.

8. Secret ballots will be taken for all MedCAP votes.

9. Dossier reviewers will be chosen as follows:
   
a. Ordinarily, except in the case of actions pertaining to the Health Sciences Clinical Professor series, at least one reviewer will not be a member of the same program (site) as the candidate.

b. There will be 1 reviewer for professorial appointments at the Assistant Professor level, Steps I - IV), and normal merit increases at all levels.

c. There will be 2 reviewers for all other professorial appointments, promotions, fourth-year appraisals, accelerations, advancements to professor Step VI, initial above-scale and further above-scale actions, change in series requests (with the exception of changes from In Residence to Regular), and appeals in this category. The process for appeals is described below in point #13.

d. Procedures for the Professional Research series will be the same as for the Regular (line, 19900) and In Residence series except that teaching will not be required for actions in this series and a faculty vote is also not required for this series.

e. Appointments to the Assistant Project Scientist Series Steps I and II will be delegated to the Executive Vice Chair for Academic Affairs. If the action appears to be problematic, the Executive Vice Chair will ask MedCAP to review the case. Project Scientist appointments and promotions at the associate level and above will be reviewed by MedCAP. Merit reviews for this series at all levels will be reviewed by MedCAP. There will be 1 reviewer for normal merit increases. There will be 2 reviewers for appointments and promotions at the associate level and above in this series.

f. Appointments to the Assistant Specialist levels I – III will be delegated to the Executive Vice Chair for Academic Affairs. If the action appears to be problematic, the Executive Vice Chair will ask MedCAP to review the case. All other Specialist proposals will be reviewed by MedCAP. There will be 1 reviewer for normal merit increases. There will be 2 reviewers for appointments and promotions at the associate level and above in this series.

g. All Academic Coordinator proposals will be reviewed by MedCAP.
h. Five-Year Reviews will be conducted by MedCAP and will require two reviewers. At the discretion of the Executive Vice Chair for Academic Affairs, five-year reviews may be delegated to a subcommittee of MedCAP to be Chaired by the Executive Vice Chair for Academic Affairs.

i. Reviewers will be assigned by the Director of Academic Personnel.

10. MedCAP members in attendance will be excused during discussion and voting if they have contributed to the dossier in writing or if they or the Executive Vice Chair for Academic Affairs feel that a conflict exists.

11. MedCAP actions will require a vote by the eligible members in attendance. The vote will be recorded and included in the candidate’s dossier. In those cases where a vote of the enfranchised full or associate professors (Academic Senate) in the Department is required following the vote of MedCAP, the vote of MedCAP will be made available to them at the time that they are asked to vote.

12. In the case of a negative vote by MedCAP on any action, at the discretion of the Executive Vice Chair for Academic Affairs, the dossier will be assigned to 3 additional reviewers made up of MedCAP Members not present at the original meeting. One of the 3 members should be a member from the candidate’s home institution or voting constituency. These members will further review the proposed action and will report back to MedCAP at the next available meeting. The reviewers will recommend either that the previous vote stand, or that further discussion and a new vote take place. In these special cases, only after the second presentation will the vote be finalized as the recommendation of MedCAP.

13. For appeals, after presentation of relevant new material, MedCAP will first vote on whether or not to reconsider the proposed action. A vote to not reconsider the action means that the previous vote of MedCAP stands. A vote to reconsider the action means that the previous vote is withdrawn and a new vote must be taken.

14. MedCAP may have access to ad hoc committees for unique dossiers. MedCAP members may defer discussion or voting on an action until a review can be conducted by an Ad Hoc Committee. The membership of the Ad Hoc Committee will be determined by the Executive Chair, Affiliate Chair/Vice Chair, Division Chief, and the Executive Vice Chair for Academic Affairs with input from MedCAP. The recommendation of the Ad Hoc Committee will be considered at the time of final voting by MedCAP.

CHAIN OF ACTION

1. Appointments, merit increases, and promotions, may be initiated by the Executive Chair, Vice Chairs, Affiliate Chairs, Division Chiefs, or the candidate (merit increases and promotions only).

2. The Director of Academic Personnel will be responsible for the initial evaluation of the appropriateness of the action (e.g. correct dossier format, content, etc.) in keeping with standard academic procedures.

3. MedCAP will evaluate the dossier and make a recommendation to the Executive Chair of the Department of Medicine or his or her designee.
4. The Committee will vote on all actions as proposed. After the vote, the Committee may recommend and vote on an alternative action. The recommendation of the Committee will be forwarded to the appropriate Division Chief, Affiliate Chair/Vice Chair, Executive Chair, Executive Vice Chair for Academic Affairs and the divisional MSO by the Director of Academic Personnel. These individuals will be responsible for conveying this information to the candidate, and deciding if MedCAP's recommendation should be accepted. If the decision is to follow MedCAP's recommendation, no additional review or vote will be required by MedCAP.

5. The candidate may formally appeal MedCAP's recommendation in writing, by personal appearance and/or by the appearance of a representative (i.e. Division Chief or Department Chair).

6. A faculty vote of all full and associate professors who are enfranchised to vote on academic personnel matters (members of the Academic Senate) in the Department of Medicine at all sites will be taken for all appointments, promotions, fourth-year appraisals advancements to Professor Step VI, and for all above-scale actions for Academic Senate members, as well as for the assignment of Chairs to faculty members, and for joint waiver options regardless of the location of the program (site) of the candidate. The faculty vote should not take place until the recommendation of MedCAP is finalized. Secret ballots using an online system will be presented to the voting faculty for their vote, which will be recorded in the dossier.

7. The approval of the Executive Chair is required prior to beginning the recruitment process for all Academic Senate series appointments and Professional Research appointments in the Department of Medicine. The approval of the Executive Chair of the Department of Medicine is also required for all appointments and change in series actions at all programs (sites). The completed dossier, including a "Chair's letter" which will be co-signed by the Division Chief, or Affiliate Chair/Vice Chair, and the Executive Vice-Chair for Academic Affairs for the Department, will contain the Departmental recommendation and will be forwarded to the Dean's Office for further processing in keeping with standard academic procedure.