

UCLA DEPARTMENT OF MEDICINE APPOINTMENTS AND
PROMOTIONS PROCEDURES

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Revised 8/23/95

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Revised 1/17/03

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 assure the 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.

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, 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. The candidate may appeal MedCAP's recommendation in writing, by personal appearance and/or by the appearance of a representative (i.e. Division Chief or Department Chair).
4. The Director of Academic Personnel will inform the appropriate Division Chief, Affiliate Chair/Vice Chair, Executive Chair, Executive Vice Chair for Academic Affairs, and the divisional MSO of the results of MedCAP's deliberations on proposed actions.
5. 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. 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.
6. A faculty vote of the Associate and Full Professors who are members of the Academic Senate at each program 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. The faculty vote should not take place until the recommendation of MedCAP is finalized. Ballots will be presented to the voting faculty for their vote which will be recorded in the dossier.
7. 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. In addition, the approval of the Executive Chair of the Department of Medicine is required for all appointments and change in series actions at CHS and all affiliated sites. The approval of the Executive Chair is also required prior to beginning the recruitment process for all Academic Senate series appointments.

DEPARTMENT OF MEDICINE COMMITTEE ON APPOINTMENTS AND PROMOTIONS (MedCAP)

1. All Associate and Full Professors who are members of the Academic Senate are eligible to be members of MedCAP, except the Executive Chair, Executive Vice Chairs or Affiliate Chairs/Vice Chairs. Recalled Emeriti/ae faculty are also eligible to serve on MedCAP (per November 22, 2002 vote of the Tenured Faculty in the Department of Medicine) Distribution of membership will represent, proportionally, the number of faculty at each program (excluding Visiting and Clinical Instructor appointments). In addition, effective 9/1/95, the Committee will also consist of Clinical Compensated faculty representatives from CHS and Affiliated Institutions.

MedCAP members will be elected by the entire full-time faculty at each program. The number of representatives from each program will be suggested by dividing the number of total faculty by the current membership of the Committee. The resulting averaged "representative ratio" will be the suggested number of faculty represented by each MedCAP member. There will be a minimum of one representative from each affiliated program with more faculty than the "representative ratio." Dividing the number of faculty at each affiliate by the "representative ratio" will suggest appropriate distribution of the number of representatives. The Executive Chair will assign the final number of representatives allotted to each affiliated program. The representative membership of MedCAP may be adjusted by the Executive Chair in order to allow fair representation of each program. Each program will also elect an alternate representative for each regular position. (See Appendix I)

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.

2. "Affiliated Programs" of the Department of Medicine currently consist of the San Fernando Valley Program, Olive View Medical Center, Cedars-Sinai Medical Center, Harbor/UCLA Medical Center, and West Los Angeles VA Medical Center. The affiliated program of King-Drew Medical Center and Kern Medical Center and associated programs will be represented on the Committee by Ad Hoc membership to be determined by the Executive Chair (minimum of one representative).
3. The term of membership on the Committee 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 Committee 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.
4. 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 will be asked to step down by the Executive Chair.
5. MedCAP will generally meet the second and fourth Tuesday of each month.
6. The Committee will convene when a majority is present (current: 9). The final recommendation of the Committee is a majority of the members present.
7. Secret ballots will be taken for all MedCAP votes.
8. Dossier reviewers will be chosen as follows:

- a. Ordinarily, a reviewer will not be a member of the same campus as the candidate except for the Clinical Compensated Representatives.
 - 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 between In Residence to Regular) and appeals in this category.
 - d. Appointments to the Assistant Research Series Step I –IV will be delegated to the Executive Vice Chair for Academic Personnel. If the action appears to be problematic, the Executive Vice Chair will ask MedCAP to review the case. Professional Research appointments and promotions at the associate level and above will be reviewed by MedCAP. Merit reviews 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.
 - e. Appointments to the Assistant Specialist levels I – III will be delegated to the Executive Vice Chair for Academic Personnel. 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.
 - f. All Academic Coordinator proposals will be reviewed by MedCAP.
 - g. Five-Year Reviews will be delegated to a subcommittee of MedCAP. The Executive Vice Chair for Academic Affairs will chair the committee.
 - h. Reviewers will be assigned by the Director of Academic Personnel.
9. 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 Chair feel that a conflict exists.
 10. MedCAP actions will require a vote by the eligible members in attendance. The vote will be recorded and included in the candidate's dossier.
 11. In the case of a negative vote by MedCAP on any action, at the discretion of the Executive Vice Chair, the dossier will be assigned to 3 additional reviewers made up of Committee 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 the full Committee 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.
 12. For appeals, after presentation of relevant new material the Committee 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 the Committee stands. A vote to reconsider the action means that the previous vote is withdrawn and a new vote must be taken.
 13. The Executive Vice Chair for Academic Affairs of the Department of Medicine will Chair the Committee without vote. An alternate Chair will be selected annually by the Executive Chair from the membership of the Committee.
 14. MedCAP will have access to ad hoc committees for unique dossiers. MedCAP members may defer discussion or voting of 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.