



San Diego House Staff Association: Proposals 2018-2021

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INTRODUCTION / BACKGROUND

A. 2018 Negotiating Committee

The 2018 Negotiating Committee (“NC”) for the SDHSA shall be the following Directors: **John (Jack) Temple, Unwanaobong (Unwana) Nseyo, Aaron Meyer, Megan Tresenriter, and John Pang.** Because of the time constraints on House Staff, Director **Kanwardeep Singh Kaleka** and **Laura Murphy** may also participate as needed. Furthermore, it is proposed that the Fellows, pending confirmation by PERB be represented by **Felix Krainski and Angela Wang.** The Co-Chairs of the Committee are **John (Jack) Temple and Unwanaobong (Unwana) Nseyo** who are authorized to speak on behalf of the entire committee. The SDHSA reserves the right to appoint alternates as needed.

B. Procedure

As has been the practice in the past, this Proposal assumes that the terms of the current contract (the 2015-2018 MOU) will serve as the starting point for negotiations and the following shall outline and explain the proposed changes, additions and deletions to that MOU.

C. Definitions

As used herein, the following definitions shall be used:

1. “House Staff” shall refer to all represented Residents and Fellows (who are anticipated to be represented) employed at UCSD in Title Codes 2709 Resident Physician I; 2723 Resident Physician II-IX; 2738 Chief Resident Physician; Medical Fellows in 2726 and 2732.
2. “UCSDHC” = UCSD Healthcare.
3. “2017 SDHSA Survey” To document the experiences and attitudes of current UCSD House Staff, in 2017 and into 2018, the SDHSA conducted a series of surveys of the House Staff and compiled relevant information into reports which shall be collectively cited herein as the *2017 SDHSA Survey*.

D. Overview / Background

UCSD Healthcare is a world-class academic medical center renowned for cutting-edge research, dedication to education, and quality patient care.¹ House Staff are integral to the success

¹ “UC San Diego Health is dedicated to the highest quality patient-centered primary and specialty care. We are the region's only academic medical center and have a tripartite mission of clinical, research and teaching

and quality of UCSDHC and as such, should be treated as a valuable asset allowing UCSDHC to achieve its mission. House Staff conduct research, teach medical students, and provide the bulk of patient care for UCSDHC. Patient care requires elite performance on a daily basis. This involves long work hours, synthesizing multiple sources of information into a daily plan, providing emotional support to patients in distress, interpreting labs, ordering medications, interpreting imaging, performing technically challenging procedures, addressing emergencies, delivering bad news, educating patients, presenting research, educating team members, and corresponding with specialists. Furthermore, House Staff are increasingly being called upon to take call from home at multiple hospitals. For UCSDHC to maintain its status as a world class institution, ***it is necessary to ensure that House Staff not only continue to perform at a high level but also increase their productivity.*** Studies show that employees that feel more valued are more likely to be happy and happy employees are approximately 12% more productive². Many Fortune 500 corporations are increasingly appreciating the importance of employee wellbeing and happiness. Laura Harding, a Google Executive, said:

“At Google, we know that health, family, and wellbeing are an important aspect of Googlers’ lives. We have also noticed that employees who are happy...demonstrate increased motivation.”

Matthew Thomas, an employee manager at Ernst and Young said:

“Supporting our people must begin at the most fundamental level--their physical and mental health and well-being. It is only from strong foundations that they can handle complex issues.”

In the same way, the Accreditation Council for Graduate Medical Education (ACGME) embraces this sentiment with their strong emphasis on House Staff *well-being*.³

Unfortunately, SDHSA 2017 survey of UCSD House Staff revealed many areas in which they feel undervalued. The causes range from financial insecurity, the lack of appropriate meal options during overnight shifts to the battle for parking at work locations. This proposal aims to improve the actual and perceived value of UCSD House Staff. This will ultimately lead to

excellence. We offer unparalleled subspecialty expertise and innovation to patients whose medical issues are beyond the scope of traditional community hospitals”, *UC San Diego Health - Institutional Overview and Fact Sheets*, <https://health.ucsd.edu/about/Pages/fact-sheets.aspx>

² *Study: Being happy at work really makes you more productive*, Social Market Foundation, University of Warwick’s Centre for Competitive Advantage in the Global Economy, cited by Michal Adaddy in Fortune Magazine, Oct. 29, 2015, <http://fortune.com/2015/10/29/happy-productivity-work/>.

³ Accreditation Council for Graduate Medical Education (ACGME) - *What we do*, <http://www.acgme.org/What-We-Do/Accreditation>.

improvements in morale, culture, and productivity among House Staff and in turn, improve the quality of care at UCSDHC.

As is the case in every industry, providing competitive compensation and benefits helps attract top-notch House Staff ⁴ while also allowing them to concentrate on completing their residency and fellowships without being distracted and handicapped by financial concerns for themselves and their families. ACGME accreditation requires:

“Resident Salary and Benefits: The Sponsoring Institution, in collaboration with each of its ACGME-accredited programs and its participating sites, must provide all residents/fellows with financial support and benefits to ensure that they are able to fulfill the responsibilities of their ACGME-accredited programs.” ⁵

To be valued, House Staff must be able to do more than just “pay the bills.” This cause and effect is recognized by similar institutions. The University of Michigan is seeking “*to encourage savings*” and thus it pays - in addition of the annual salary which is of a similar level to the one paid by UCSD - a stipend of approximately 8% of the salary that can be spent “in any manner the resident wishes.” ⁶

For UCSDHC to recruit and keep quality House Staff, it is essential that it is cognizant of the challenges faced by House Staff stemming from the high cost of living in San Diego and other hurdles attendant to House Staff supporting themselves and where applicable, their families. In the final analysis, providing House Staff with financial and professional security is necessary for both the UCSDHC and UCSD’s House Staff to achieve their goals. More importantly, UCSDHC will be evaluated and ranked upon the quality of its patient care. Attracting top House Staff and providing adequate compensation to allow them to focus their attention on the ultimate goals of the institution are essential to achieving that goal. The following is designed to: (1) Provide a glimpse into these challenges faced by House Staff and focus on the relevant issues, (2) Delineate deficient provisions of the current MOU and (3) Introduce proposals for solving these issues.

⁴ SDHSA’s Survey demonstrated that the local Cost of Living was a significant factor in how House Staff ranked UCSD and that a number of House Staff would encourage others NOT to apply to UCSD because of the Cost of Living and Parking issues.

⁵ Accreditation Council for Graduate Medical Education (ACGME) - *Institutional Application and Requirements*, 2015, <http://www.acgme.org/Designated-Institutional-Officials/Institutional-Review-Committee/Institutional-Application-and-Requirements>

⁶ *University of Michigan - Benefits and Compensation*, <https://medicine.umich.edu/dept/intmed/education-training/residency-program/our-program/benefits-compensation>.

E. The Cost of Living & The Dilemma for House Staff

San Diego is a very expensive place to live and work. Compared to many other cities in the nation, a salary paid in San Diego has much less purchasing power in terms of the basics such as housing, insurance, groceries, and other necessities. Accordingly, a simple comparison of dollars is misleading. According to the 2017 NRMP match survey, 56% and 44% of all U.S. seniors cited “cost of living” as a significant factor in their choice of program to apply for and rank, respectively.⁷ The dilemma for House Staff accepting employment at UCSD is multifaceted as demonstrated by the following:

Thirty percent (30%) of current House Staff report “*it is a struggle*” to afford the basics. Seventeen percent (17%) are behind on credit card payments. Credit cards are being used to supplement a shortfall in wages. Thirty-four percent (34%) have less than \$1,000 in their “emergency fund.” Twenty-five percent (25%) are behind on student loan payments. Thirty-five percent (35%) are unable to save any money on a monthly basis. Twenty-eight percent (28%) of House Staff rely on financial support from parents, spouses, or moonlighting. A full thirty percent (30%) of current House Staff report that they are NOT able to meet their monthly *essential living expenses* (rent / mortgage, utilities, food) on the salary and benefits they receive from UCSD. Twenty-eight percent (28%) report that a second household income is necessary to pay the bills.

To illustrate the frustration, one resident responded:

“Now completing residency, I look back at my time here with respect to finances & housing as a difficult experience. If I had fully known how expensive it is here (rent, loans, basic living, etc.) I may not have ranked UCSD #1. Overtime and without any abatement, I could see the cost of living deterring possibly the best residents.”

Clearly, this sort of financial insecurity will take a toll on House Staff performance and ultimately patient care. House Staff should not have to *moonlight*⁸ and rely upon second incomes to survive as this will have a negative effect on education, resident performance, and patient care and ultimately - UCSDHC’s performance and ranking.

⁷ *Results of the 2017 NRMP Applicant Survey by Preferred Specialty and Applicant Type*, National Resident Matching Program (NRMP), Sept. 2017, <http://www.nrmp.org/wp-content/uploads/2017/09/Applicant-Survey-Report-2017.pdf>.

⁸ *Fellows’ Moonlighting Survey* reveals that “36% of fellows rely on moonlighting to meet financial obligations” and greater that “50% of fellows moonlight” while unfortunately “21% of programs prohibit moonlighting.”

The following testimonials from the 2017 *SDHSA Survey* demonstrate the difficult financial situation that House Staff find themselves and how cost-of-living plays a critical role in choosing and staying in the UCSD Program:

Resident Responses:

“Rent is really the largest financial issue for me. I have children and although there are four people in my two-bedroom apartment more than half of my take home pay goes to rent. It would be impossible for me to rent a larger place at this point. Cost of living might change my fellowship plans.”

"The housing stipend should be given at the beginning of the year and should not be subject to tax. It should also be higher in amount- it is very expensive to live here and our salary doesn't reflect that the way programs in other expensive places such as NY or Washington DC do”

“ . . . I am currently making payments on undergraduate loans and am in forbearance on my medical school loans which means they are accruing lots of interest (quite alarming).”

“Residents with families/children face enormous financial pressure that often can distract from medical education and patient care.”

“Housing stipend should be raised due to cost of living in SD relative to people who do residency in Indiana where you can rent a nice place for \$400/month. Also would love for the HS Association to negotiate for parking stipend.”

“The cost of living stipend really hasn't kept pace with the inflation of the cost of living. Rent costs in SD have soared when compared to the incremental increases of the housing stipend”

“I feel like similarly competitive programs in California are all paying their residents more than UCSD, despite the fact that living costs are very comparable between the locations.”

Fellow Responses:

“My rent is covered by my husband, but I could not afford to live where I do on my own salary and would need roommates if I was not married.”

“Being a fellow at UCSD with no dependents is certainly feasible. Once one decides to have a family but has no other income, it becomes extraordinarily difficult.”

“I took a significant pay decrease coming from residency while moving to a more expensive city which has been difficult.”

It is facing these challenges that the SDHSA presents the following proposals.

PROPOSALS

FELLOWS

A. Background

SDHSA's present three-year Memorandum of Understanding (MOU) with UCSD expires June 30, 2018. As a result, negotiations for a new Contract shall commence in early 2018. UCSD Fellows (generally identified by UCSD Title Codes 2726 and 2732) have sought to be represented by SDHSA for some time. This is because the Fellows were subject to what has sometimes been referred to as the "Fellows Penalty."

Specifically, Residents who desired to continue the process started by their residency and to refine their skills as a UCSD "Fellow" were shocked to learn that they lost many of the benefits they previously enjoyed because they were no longer represented by the SDHSA⁹. Furthermore, incoming Fellows from other institutions were left misled or confused by the incongruence between receiving identical medical insurance benefits and salaries (from a progressive salary scale negotiated between SDHSA and UCSD), while at the same time being excluded from significant additional benefits received by SDHSA Residents. These benefits include the annual housing stipend, licensing cost reimbursement, educational stipends and the lack of representation in disputes and participation in settlements.¹⁰ Clearly, there has been a lack of disclosure and clarifying communications about the "Fellow's penalty" for incoming fellowship House Staff, including the information presented on the GME benefits website. As a result, Fellows suffer a 7-10% pay cut when factoring in these denied benefits. It is unfathomable why any employer, much less a public employer, would provide fewer benefits to their more skilled and highly trained physicians.

In the 2017/18 Fellows Survey, 37% of Fellows stated that they are unable to save any money per month and the same portion has to rely on income from moonlighting to meet their

⁹ Representative response from 2017/18 Fellows Survey: "I completed 4 years of UCSD's residency training (...) prior to starting a UCSD fellowship. During residency, we received an annual stipend for books/education/conferences etc. I was shocked to find out that we don't receive this stipend as fellows."

¹⁰ For example, in 2015 the SDHSA negotiated reimbursement of cost to Residents as a result of UCSD failure to properly calculate and withhold taxes to Resident Employees with registered Domestic Partners who received Health Insurance through UCSD. Even though Fellows suffered the same losses, they were excluded from the Settlement.

financial obligations;¹¹ 13% even stated they spend more per month than they earn. On a scale of 1 to 10, Fellows rated their confidence of being able to handle a financial emergency at a low score of 3.5 and 34% have less than \$1000 in their emergency fund, reflective of the financial insecurity and unhappiness the current UCSD policy of treating Fellows differently leads to¹². Financial insecurity and the unfairness of the “Fellow’s Penalty” have a significant impact on Fellows’ morale and in fact result manifest complaints about depression and burn-out: A truly stunning 62% of Fellows responded with “Yes” when asked whether they feel or have experienced burnout and/or depression at any point in fellowship.

In response to a SDHSA request, in the Fall of 2017, UCSD produced a full list of UCSD Fellows employed for the 2017-2018 academic year in Title Codes 2726 and 2732¹³. Pursuant to an agreement between the parties, in the Fall of 2017, a representative from both SDHSA and UCSD’s Labor Relations cooperated in conducting a round of balloting of UCSD Fellows in which the Fellows were asked whether or not they desired SDHSA to be the Fellows’ exclusive labor representative. For five (5) days in November of 2017, UCSD Fellows were allowed to vote. As a result, a majority of the Fellows and, notably, one hundred percent (100%) of the ballots cast were in favor of making SDHSA the Fellows’ exclusive labor representative. On November 20, 2017, the SDHSA filed a *Unit Modification Petition* with California’s *Public Employment Relations Board* (PERB) to confirm SDHSA’s representation of the Fellows. The parties are still waiting for final action on that petition which is expected to be granted shortly.

As the Fellows do not presently have a contract, and the parties expect SDHSA’s Unit Modification Petition to be granted shortly, SDHSA desires to include the Fellows in these negotiations to avoid the expense of time and resources in conducting separate negotiations. This request is supported by the unity of issues and solutions concerning the Residents and Fellows (collectively herein, the “House Staff”).

B. The Fellows’ Representatives

During 2017, a Committee was formed of UCSD Fellows who sought to bring UCSD Fellows under the SDHSA umbrella and to represent the Fellows before UCSD in regard to

¹¹ Representative response from 2017/18 Fellows Survey: “Moonlighting is crucial for me to support my spouse and two children, however is difficult given our demanding call schedule and clinical duties.”

¹² Representative responses from 2017/18 Fellows Survey: “I want the housing stipend that residents have! They make more than fellows when this is factored in.” “We used to get housing stipend as UCSD residents. I don’t understand why fellows are not included. Housing is still expensive, even when you’re a fellow!” “I took a significant pay decrease coming from residency while moving to a more expensive city which has been difficult. “

¹³ It is important to note that because certain specialty situations had been lumped by GME into code 2732, the parties agreed that some of the 2732’s were not applicable such as military and specialty programs where Fellows and Research Residents are not eligible for state licensure.

employment matters. All UCSD Fellows were contacted and given the opportunity to actively participate and join this Committee by sending in an application. Those responding were added to the Committee. The SDHSA then requested that two members of the Fellows Committee join the SDHSA Negotiations Committee to represent the Fellows. Two Committee Members volunteered being **Felix Krainski** and **Angela Wang**. The Fellows Committee then conducted a Fellows Survey: 1) Confirming the Fellows Approval of representation by the Fellows Committee and 2) To assess what issues were important to the Fellows. The Survey covered a variety of issues including benefits, training and workplace related issues. As a result, Felix Krainski and Angela Wang were confirmed *with a 100% confirmatory votes (no abstentions or no votes)* to representing the Fellows in these negotiations.

C. Specific Issues

1. Joining Bonus for Fellows (2017/18 academic year).

Given the overwhelming 100% favorable result of the 2017 ballot in favor of Fellows' representation by the SDHSA, (and factoring in a previously held, less formal online vote held in the prior academic year of 2016/17) it has become compellingly clear that Fellows have now for some time desired fair and equal treatment when it comes to benefits. The "Fellows' Penalty" is no longer and has never been acceptable. Of further note, many fellowship program durations encircle only one academic year and those Fellows that have participated in the 2017 ballot are facing the possibility of not benefitting from their voting efforts. As a result, the SDHSA finds it entirely reasonable a request that Fellows for the current 2017/18 academic year be awarded a "SDHSA joining bonus" identical to the amount of the current 2017/18 lump sum payment (namely housing and educational stipends) SDHSA represented House Staff have received in October 2017.

2. Coordination of Benefits

Based on the results of the SDHSA Fellows Survey and as a matter of self-evident fair and equal treatment of House Staff across training programs, Fellows should receive benefits identical to Residents. For that purpose and consistent with MOU § (A), the current negotiations should be applied to Fellows and Residents, henceforth the "House Staff," alike.

3. Licensing Reimbursement

Those Fellows currently enrolled in UCSD fellowship programs and all incoming Fellows starting with academic year 2018/19 have and will take on significant financial burden in order to become eligible for starting their fellowships by applying for and receiving:

1) A Medical Board of California physician state license renewable every two years (meaning \$491 application fee, plus the initial license fee of \$808, or \$416 for those enrolled in an ACGME/RCPSC training program)¹⁴

2) A federal DEA license (the registration fees for DEA license being reimbursed by some universities like Stanford, for example).¹⁵

3) Additional California state licenses required to become eligible to start specific fellowship programs such as but not limited to a Department of Public Health Radiologic Health Branch (henceforth DPH-RHB) fluoroscopy license.

While the majority of states grant discounted “training licenses” for house staff enrolled in training programs generally reimbursed for by training programs, the state of California requires a full state physician license. For this reason, UCSD has reimbursed SDHSA represented Residents for their state licensure as part of a SDHSA negotiated benefit. **Fellows have not enjoyed this benefit.** SDHSA submits that Fellows in multi-year fellowship programs extending beyond the current 2017/18 academic year should become eligible for reimbursement of initial and renewal licensure costs that are required by law to practice and thus become eligible to start and continue a fellowship training program. Starting with the 2018/19 academic year, all incoming House Staff will receive identical benefits including licensure reimbursement.

4. Reimbursement for Required Equipment

Personal protective equipment essential for fellowship specialties are often paid for through departmental funds. Examples of such essential equipment includes but is not limited to lead shielding (aprons, glasses, caps) for radiation protection. In such cases where departments do not have funds set up to pay for essential equipment, House Staff should be reimbursed for such by UCSD.

5. Addition of an “off-hours triage” system

This issue will be covered at a later date.

¹⁴ Application and Licensing for Physicians and Surgeons - Medical Board of California, http://med.stanford.edu/gme/current_residents/documents/Licensing%20FAQs.pdf.

¹⁵ Drug Enforcement Administration (DEA), <https://www.deadiversion.usdoj.gov/drugreg/categories.htm>.

D. Proposals

1. The Medical Fellows in Titles 2726 and 2732 are to be included in these current Negotiations under the SDHSA umbrella along with Residents as “House Staff.” The logic is the Fellows are seeking virtually identical benefits while awaiting confirmation by PERB.

2. UCSD recognizes Felix Krainski and Angela Wang UCSD Fellows’ representatives in the SDHSA Negotiations.

3. Fellows for the current 2017/18 academic year are awarded a “SDHSA joining bonus” identical to the amount of the current 2017/18 lump sum payment (namely housing and educational stipends) SDHSA represented House Staff have received in October 2017.

4. Fellows shall be reimbursed for initial and renewal licensure costs that are required by law to practice and thus become eligible to start and continue a fellowship training program. Fellows already enrolled in a multi-year fellowship during academic year 2017-18 and extending into or beyond academic year 2018-19 will be eligible for reimbursement of their initial and renewal licensure costs. See further discussion under *Licensure Reimbursement*.

5. Like House Staff, Fellows shall be reimbursed for required / necessary equipment including but not limited to their specialties such as lead shielding (aprons, glasses, caps) for radiation protection, if not covered by department-specific funds. See further discussion under *Educational Stipend*.

COMPENSATION

A. Background

Prior to 2016, the UC's system of compensation for House Staff was based on the national median salary as reported in the annual *Association of American Medical Colleges (AAMC) Survey*.¹⁶ That system took the national 50th percentile of all teaching hospitals, as published by the Council of Teaching Hospitals (COTH) and added 3.3% for each year. When the current MOU was negotiated, COTH suddenly ceased to publish this report for years after 2015. With no system in place, the Parties agreed to “increase salary rates for year 2016-2017 in an amount equal to the 2015-2016 UC salary scale plus 1.9%” . . . “and increase salary rates for year 2017-2018 in an amount equal to the 2016- 2017 UC salary scale plus 2.9%.”¹⁷

In her letter of May 1, 2017, President Napolitano asked Chancellors to implement an across the board 3% annual salary increase for faculty and other academic personnel, in accordance with the 2017-18 UC budget the Regents approved in November 2016. The salary scale for House Staff (Table 21) was adjusted by 3% on July 1, 2017 for all campuses, *with the exception of UCSD*, which was only increased by **2.9%**, per the 2015 MOU. See **EXHIBIT 1** (UCOP Letter dated May 25, 2017) Interns, Residents, and Non-Physician Clinical Trainees were addressed in Table 21. See **EXHIBIT 2** (Table 21).¹⁸

SDHSA's MOU was negotiated in 2015 after COTH announced that starting in 2016, they were no longer going to report on Resident wages and before the UC adopted the above policy. Notably, SDHSA negotiated in good faith *based upon information received from the UC*. Obviously, this worked to the detriment of UCSD House Staff as Resident salaries at other institutions in the UC system have risen above UCSD House Staff because of this discrepancy.

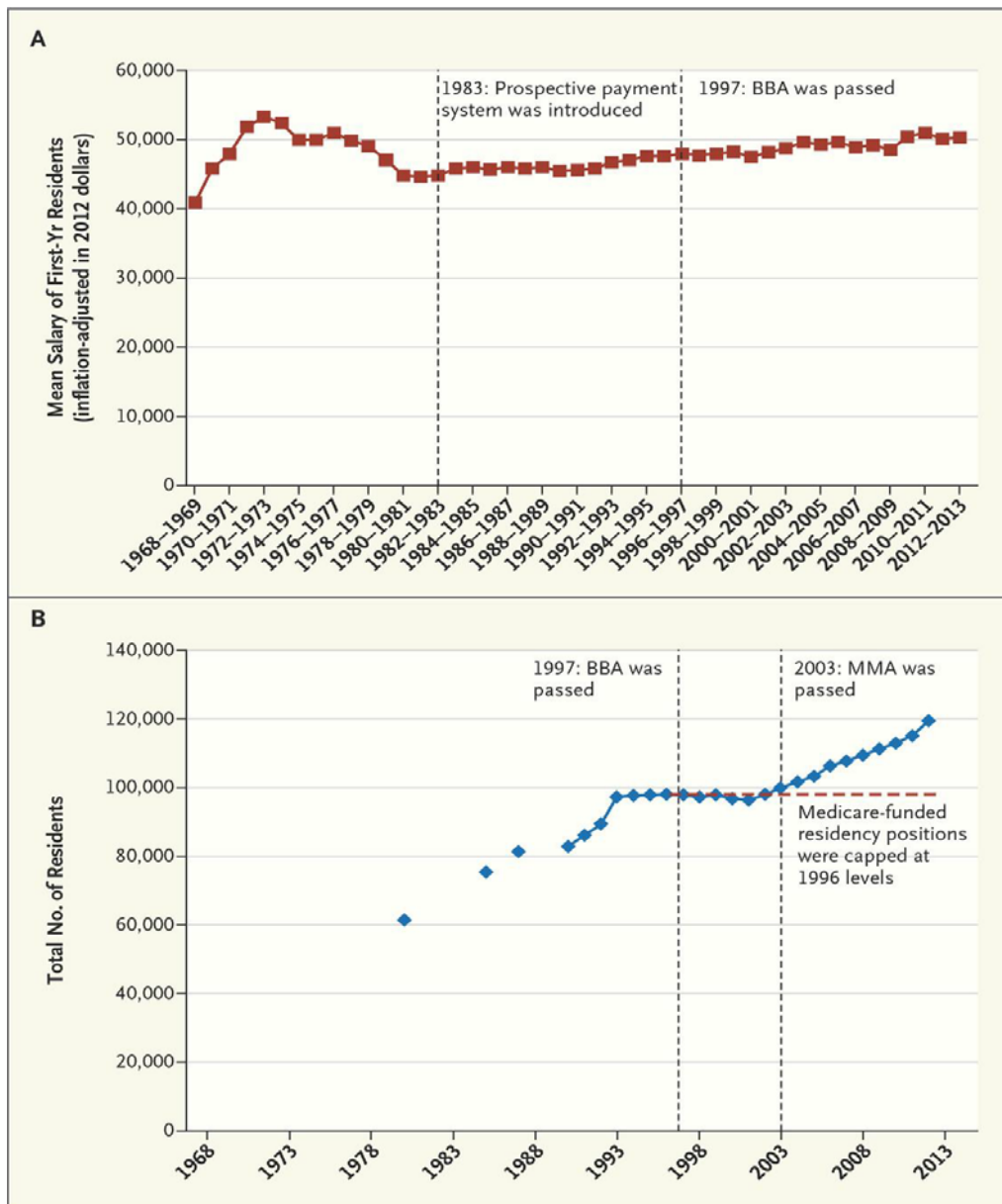
According to a New England Journal of Medicine report, inflation - adjusted resident wages **have remained stagnant for the past 40 years**.¹⁹

¹⁶ *Survey of Resident/Fellow Stipends and Benefits Report 2016 - 2017*, Nov. 2016, Association of American Medical Colleges, <https://www.aamc.org/download/471828/data/2016stipendsurveyreportfinal.pdf>.

¹⁷ SDHSA MOU 2015-2018.

¹⁸ UC Office of the President, May 25, 2017, <http://www.ucop.edu/academic-personnel-programs/files/1718/1718-issuance-cvr-ltr.pdf>.

¹⁹ Amitabh Chandra, Dhruv Khullar, Gail R. Wilensky, *The Economics of Graduate Medical Education*, *The New England Journal of Medicine*, June 19, 2014; 370:, pp. 2357-2360, <http://www.nejm.org/doi/citedby/10.1056/NEJMp1402468#t=citedby>.



(From Chandra et al, N Engl J Med 2014; 370:2357-2360)

In stark contrast, upper administration salaries are able to skyrocket. For Example, UCSF’s medical school dean was allowed a **13.8%** increase in 2014.²⁰

²⁰ Larry Gordon, *UCSF chancellor pay set at \$750,000; 3% raises to other UC execs*, Jul. 17 2014, Los Angeles Times, <http://beta.latimes.com/local/lanow/la-me-ln-uc-pay-20140717-story.html>.

B. Comparative Salaries

In order to quantify regional differences, The Council for Community and Economic Research publishes a quarterly Cost-of-Living Index (COLI). This tool is a standardized metric to compare the cost-of-living in various metropolitan areas of the U.S., taking into account the proportional costs of house, food, entertainment, and other expenses of a typical household.²¹ The nationwide average equal 100 and each index is read as a percent of the national average.

According to the COLI, in the third Financial Quarter of 2017, San Diego had a composite index of 144,²² meaning it is 44% more expensive to live in San Diego than the average metropolitan area in the U.S. Presently, a first year Resident at UCSDHC is being paid \$55,511.²³ Correcting for the COLI, that Resident is earning the equivalent and therefore purchasing power of **only \$38,550 per year**. According to the 2016 AAMC survey, nationwide, the mean salary for a first year Resident is \$54,107.²⁴ Thus, a salary commensurate with San Diego's high cost of living would be **\$77,914 per year**.

As academic medical centers tend to be located in larger and more expensive cities, it is true that many are facing this financial dilemma. However, if we compare UCSDHC to other recognized world-class medical centers, it is clear that **UCSDHC substantially underpays its House Staff**.

After reviewing the salaries paid by the top non - UC medical centers listed in the *U.S. News and World report 2016-2017*²⁵ and calculating the COLI in their respective locales, these medical centers pay an average equivalent "San Diego" salary of \$66,226. Thus, UCSDHC underpays a first year Resident by a relative \$10,715 per year (see Table 1) compared to world class centers. Similar numbers can be calculated for the additional years of residency.

²¹ Cost of living Index, 2017, www.coli.org.

²² Bureau of Labor Statistics - Consumer Price Index December 2017, <https://www.bls.gov/news.release/pdf/cpi.pdf>.

²³ UCSD School of Medicine - Salary and Benefits, <https://healthsciences.ucsd.edu/som/medicine/education/residency/internal-medicine/Program/Pages/Benefits.aspx>.

²⁴ *Survey of Resident/Fellow Stipends and Benefits Report 2016 - 2017*, Nov. 2016, Association of American Medical Colleges, <https://www.aamc.org/download/471828/data/2016stipendsurveyreportfinal.pdf>.

²⁵ U.S. News & World Report Announces the 2016–17 Best Hospitals, Aug. 2, 2016, <https://www.usnews.com/info/blogs/press-room/articles/2016-08-02/us-news-announces-the-201617-best-hospitals>.

Table 1. Top Non-UC Programs based on *U.S. News and World Report 2016-2017*

Program	City	State	COLI	PGY 1 (2017)	Comparable SD Income	Equivalent Difference
Duke	Durham	NC	90	\$54,660	\$93,782	\$38,271
Wash U	St. Louis	MO	90.4	\$54,846	\$88,336	\$32,825
Mayo	Scottsdale	AZ	95.6	\$54,602	\$83,531	\$28,020
Vanderbilt	Nashville	TN	96.3	\$54,809	\$82,686	\$27,175
U Michigan	Ann Arbor	MI	96.8	\$55,753	\$82,439	\$26,928
Cleveland Clinic	Cleveland	OH	100.5	\$54,590	\$79,087	\$23,576
UTSW	Dallas	TX	102	\$58,199	\$78,256	\$22,745
Mayo	Rochester	MN	104.6	\$54,602	\$76,004	\$20,493
Penn	Philadelphia	PA	116.6	\$57,970	\$72,387	\$16,876
Northwestern	Chicago	IL	123.5	\$58,025	\$69,306	\$13,795
John Hopkins	Baltimore	MD	116.7	\$53,600	\$66,988	\$11,477
U of Chicago	Chicago	IL	123.5	\$56,600	\$66,409	\$10,898
Harvard	Cambridge	MA	145.7	\$61,384	\$60,882	\$5,371
UW	Seattle	WA	152.8	\$54,876	\$54,876	-\$635
NYU	New York	NY	242.9	\$63,609	\$39,226	-\$16,285
Average				\$56,691	\$66,226	\$10,715

Given all of the above findings, data and testimonials, UCSDHC should compensate their House Staff in a manner commensurate with the world-class centers in which it hopes to compete for top-tier, academic/research-career oriented candidates.

C. Classification of Postgraduate Year Level

UCSD has not consistently honored levels of postgraduate year training for incoming House Staff and House Staff completing multiple residency and fellowship programs. For example, a House Staff member who has completed three (3) years of residency (PGY-3) followed by three (3) years of fellowship (PGY-6), followed by one (1) year of a particular subspecialty fellowship (PGY-7), who then entered yet another UCSD subspecialty fellowship, instead of being paid starting in the PGY-8 salary tier, could be faced with UCSD practice to assign them to a lower PGY-level salary tier. **This practice results in significant and unfair pay cuts, unusual hardship for House Staff that have acquired advanced skill sets and, notably, represents a de facto demotion for such House Staff.** SDHSA is asking UCSD to revise this policy and credit House Staff for the entirety of their postgraduate training years completed within any ACGME-accredited or non-accredited postgraduate training program when classifying House Staff's salary level. This includes research years.

D. Proposals

1. Proposals are reserved until discussion may be had to clarify certain issues.
2. The SDHSA feels that it was less than ethical for the UC to have adopted a policy of across the board 3% annual increases and then to take advantage of the fact that UCSD Residents negotiated lesser increases (while the UC System decided how they were going to replace the prior UC initiated COTH based System) to ultimately place UCSD Residents in a position of being paid less. Accordingly, SDHSA proposes that UCSD compensate 2017-2018 House Staff for the difference in pay and that pay for the upcoming contract conform to the otherwise University of California annual 3% increase to achieve parity with UC Policy.
3. UCSD agrees to honor and credit all years of postgraduate training spent in ACGME or non-ACGME accredited training programs when House Staff enters a UCSD residency or fellowship training program.

HOUSING STIPEND

A. Background

As previously discussed, San Diego is an expensive place to live. (See Discussion under *Compensation B. Comparative Salaries* herein.) It will come as no surprise that the largest portion of a House Staff's salary is spent on housing. Precisely, the average Resident or Fellow must spend approximately \$2,500 per month on rent.²⁶ This amounts to an annual cost of approximately \$30,000.00, which means that approximately **50% of an average House Staff's income is spent on rent.** This is compared to only 29% nationwide.²⁷ Based upon the housing affordability standards imposed by the U.S Department of Housing and Urban Development (DHUD), the average Resident or Fellow at UCSD is considered “**severely housing cost burdened**” or “**house poor.**”²⁸

Besides being an expensive city, San Diego shows an accentuated annual rent cost appreciation (4.9 % compared nationwide),²⁹ which comes to deepen the housing affordability gap between SD and other major cities in CA, and in the US. As of mid-2017, the housing affordability index was 20.1 in San Diego and 59.4 nationwide.³⁰ This underscores the considerable affordability gap.

We submit that UCSDHC management should find this unacceptable. UCSDHC relies upon the House Staff to operate what are billed as top-ranked health care facilities. If that staff must spend 50% of their income just on housing, this must add pressure on employees to cut-corners, moonlight and generally detract from the efficient conduct of their duties. This can then affect patient care and ultimately the reputation of this institution.

²⁶ *San Diego Metro Home Prices & Values, Nov. 30 2017*, https://www.zillow.com/san-diego-metro-ca_r395056/home-values/

²⁷ *San Diego Multi-Family Fall 2017 Marketbeat - Cushman & Wakefield*, p.1, http://www.cushmanwakefield.com/~media/marketbeat/2017/10/SanDiego_Americas_MarketBeat_Multifamily_Q32017.pdf.

²⁸ According to DHUD, when a person pays more than 30 percent of their income towards housing costs they are considered housing cost burdened. Further, when paying more than 50 percent of their income towards housing cost they are considered severely housing costs burdened. *California's Housing Future: Challenges and Opportunities - Public Draft Statewide Assessment 2025*, DHUD, 2017, p.24, <http://www.hcd.ca.gov/policy-research/plans-reports/docs/California%27s-Housing-Future-Full-Public-Draft.pdf>.

²⁹ *Zillow Market Overview - San Diego Rentals, Nov. 2017*, <https://files.zillowstatic.com/research/public/rental/ZRI.San%20Diego.395056.pdf>

³⁰ *San Diego Multi-Family Fall 2017 Marketbeat - Cushman & Wakefield*, p.1, http://www.cushmanwakefield.com/~media/marketbeat/2017/10/SanDiego_Americas_MarketBeat_Multifamily_Q32017.pdf.

One hundred percent of current Residents report that the current housing stipend is “essential” but still, it is not enough to offset the rising cost of housing in San Diego as indicated by the 2017 SDHSA Survey:

“The cost of living stipend really hasn't kept pace with the inflation of the cost of living. Rent costs in SD have soared when compared to the incremental increases of the housing stipend”

“Housing stipend should be raised due to cost of living in SD relative to people who do residency in Indiana where you can rent a nice place for \$400/month...”

“I want the housing stipend that residents have! They make more than fellows when this is factored in” (Fellow)

This need to compensate for the high cost of housing is recognized by similar institutions. To keep up with the high cost of housing in San Francisco (another expensive location)³¹ UCSF pays an annual housing stipend of \$12,100.00.³² In addition, UCSF provides subsidized housing options. Given the foregoing and the acute housing crisis in San Diego, there is no doubt that UCSD House Staff needs a substantial increase in the housing stipend.

B. Proposals

1. Increase Housing Stipend: The University agrees to pay each House Staff a housing stipend in the amount of:

2018-2019	\$12,000
2019-2020	\$13,000
2020-2021	\$14,000

The advances amounts for the Housing Stipend are consistent with the expected increase in housing costs in SD, and are absolutely necessary to keep pace with the 2.44 % average inflation rate projected for 2017 - 2021 (compared to 1.3% increase rate reported in the last 5 years).³³ Also, this is consistent with the findings that “the relatively higher cost of living near UC campuses means that a student offered the same net stipend from UC and a non-UC institution will find that **the purchasing power of the UC net stipend is \$2,574 less, on average, than that of the**

³¹ Richard Scheinin, *Housing affordability is a growing statewide crisis — and Bay Area prices are soaring again*, in The Mercury News, Sept. 19, 2017, <https://www.mercurynews.com/2017/09/19/housing-affordability-is-a-growing-statewide-crisis-and-bay-area-prices-are-soaring-again/>.

³² UCSF Dep. of Med., *Application Process—Salary & Benefits*, <https://medicine.ucsf.edu/education/residency/application/comp.html>.

³³ *Projected annual inflation rate in the United States 2010-2022*, <https://www.statista.com/statistics/244983/projected-inflation-rate-in-the-united-states/>.

competitive offer. ³⁴ Thus, the proposed amounts of Housing Stipend would be sufficient to facilitate UC House Staff's access to decent and safe living conditions while serving the San Diego community.

2. Tax Consequences: As should be apparent, the distribution of the Housing Stipend in one large sum skews the tax bracket for the recipient during the month that it is received resulting in a larger amount being taken out for employment taxes. The obvious remedy to this problem would be to distribute the Housing Stipend throughout the year.

³⁴ *Graduate and Professional Student Cost of Attendance Survey 2016-17*, <http://www.ucop.edu/student-affairs/files/GSSS%20report%202017.pdf>.

PARKING & TRANSPORTATION

(MOU §17 - Side Letter)

A. Background

The parking situation has migrated from bad to impossible and has become a primary issue according to SDHSA Surveys. The SDHSA is cognizant that parking is an “across the board” problem for all UCSD personnel. Unfortunately, that does not ameliorate the fact that: (1) The genesis of this problem falls directly into the lap of the UCSD administration who while charging forward with development and expansion of facilities have failed to address the transportation / parking of the people they rely upon to staff these facilities and (2) The UC has adopted an almost cavalier attitude towards House Staff seemingly deeming parking as a luxury for staff as opposed to an essential element in the equation for the operation of their facilities. UCSDHC Jacobs Medical Center and Hillcrest hospitals are the only San Diego hospitals that require House Staff to pay for their own parking. This is in comparison to Rady Children’s Hospital, VAMC San Diego, Kaiser, Scripps Mercy, Scripps Green Hospitals, Sharp Hospitals and other San Diego training programs such as the Navy program at Balboa where parking is free. Basically, House Staff are being required to subsidize UCSDHC’s lack of planning for parking.

Currently, UCSDHC charges House Staff as “half time users” for “A” and “B parking permits. **This “half-time” rate is not a “discount”** but rather is based upon the multi-location nature of the UCSDHC training campus with multiple clinical sites and the recognition that, on average, UCSDHC House Staff only spend about 50% of their time parking at Hillcrest or Jacobs Medical Center hospitals. Accordingly, direct comparison to other employees with fixed location assignments is facetious.

Furthermore, the B spots parking to which House Staff are relegated and on which they heavily rely are a limited commodity at both clinical training sites. Research gathered from the UCSD Transportation Assessment demonstrates a systematic eradication of B parking spots. “B” parking is the parking used by the majority of House Staff. According to the annual survey, nearly 80% of House Staff purchase a “B” parking permit. From 2013 to October 2017 at the Health Sciences/La Jolla campus, there have been the following changes to parking spot allocation:

- There have been an additional 330 A spots, a 133 % increase in A spots
- There have been an additional 533 visitor spots, a 103 % increase in visitor spots
- There have been 72 B spots removed, a 7 % decrease in B spots.³⁵

³⁵ UCSD Transportation, *Parking and People Movement Survey*, October 2017, <http://transportation.ucsd.edu/survey/>.

These changes which occurred at a single training site are reflective of the UCSDHC's attitude toward House Staff. This lack of prioritization must be viewed against the backdrop of an increasingly limited resource that force House Staff to compete against other stakeholders - all vying for the same limited parking space, many of whom are also unionized - nurses and other clinical staff, pharmacists, clinical extenders, administrators, etc. There has not been a commensurate increase in faculty positions (essentially double the number of faculty) at the La Jolla campus to explain the discrepancy in parking spot allocation over time.

B. Scope of the Problem

The majority of parking issues center around the La Jolla Campus (both at the VA and at the Jacobs Medical Center / Moores Cancer Center / Shiley Eye Center and other clinics at that location). Although there are still complaints about the availability of parking at Hillcrest campus, the situation does not appear as desperate. A review of the parking allocation detailed in the UCSD Transportation Survey reveals why there is such a discrepancy in parking experiences.

At Hillcrest, 56% of all parking spots are B spots with 12% of parking reserved for A permit-holders. In contrast, at the East Campus (Jacobs Medical Center) and West Campus (VA Hospital), the percentage of A spots is stable, but the percentage of B spots has decreased to 34% and 36%, respectively.³⁶ While this decrease accommodates the addition of "S" (student) parking permits in the campus, it has a significant impact on the ease and accessibility of parking for House Staff. A site-specific analysis reveals that at the La Jolla/Health Sciences campus, 33% of the spots are allotted for visitor parking. There is no doubt that patients need accessible parking as well but it should not be at the expense of the ability of House Staff to fulfill their clinical duties.

The situation is equally as challenging at another major clinical site at which UCSD House Staff rotate, the VA Hospital, which is routinely cited as a location where House Staff encounter the most significant difficulty in finding parking in time to attend to their clinical duties. According to VA policy, UCSD residents may park at the off-site parking lot on Miramar Road, which is a 15-minute shuttle ride from the VA Hospital. The timeliness with which residents must report to clinical duties, for both emergencies and routine patient care, makes additional commuting that requires possibly waiting for a shuttle almost prohibitive and therefore does not provide a feasible option for UCSD residents. Lastly, the SD VA is also undergoing construction which has limited the available on-site parking, shifting many of those individuals to off-site parking and further increasing the likelihood that a resident may not be able to locate parking off-site in a timely manner.

In previous attempts to address this issue, the University has cited that this is an off-site clinical rotation and therefore not under the purview of the University. However, due to its

³⁶ Idem.

proximity to the UCSD Main Campus and the lack of a negotiated parking agreement between UCSD and the San Diego VA Healthcare System, it is UCSD parking lots around the VA campus that House Staff utilize. However, these parking lots are similarly used by the UCSD general population, are not specifically reserved for House Staff and therefore often become unavailable very early on in the day. As such, House Staff have next to no options for parking if they arrive at campus later in the day as illustrated in the survey response below:

“I have clinic 1/2 day/week at the VA. My issue is parking on clinic days--I need to get to clinic by 1230. Say I'm driving from Hillcrest--it's a 20-minute drive. But for me to take in to account parking shortages and that I'll likely need to drive to a couple lots before I can find a place and then walk 15-20 minutes to the VA, I should factor in another 20-30 min. But I don't have the luxury of abandoning my morning clinical responsibilities 30 min early (and sometimes, if we're in the middle of patient care, we can't.) My other option is paying for parking at Gilman (which is technically not allowed and could result in a ticket) or parking in an A spot, though I don't have a pass. I had to do that yesterday and got a \$65 ticket--my other option was to drive around to other lots and be 20 minutes late to clinic and late to seeing patients, which is unacceptable.”

- A second-year psychiatry resident

C. The Effect on Staff

Transportation is **the second-largest household expense in California.**³⁷ A SDHSA Survey reveals that Ninety-Four percent (94%) of House Staff live more than 5 miles away from their primary training site while more than half live at between 11 and 15 miles away. Being an extremely important indicator of the threshold affordability, the Center for Neighborhood Technology developed a Housing and Transportation Affordability Index (H+T Index) which is set at 50 percent of income.³⁸ As previously shown, House Staff are severely impacted by the high cost of housing in San Diego with on average 37% of their income being spent on rent. Unfortunately, the situation is not better when addressing transportation. Data show that the average Resident or Fellow at UCSD pays 21% of their income on transportation compared to 11 percent in San Francisco,³⁹ which sums up above the 50 percent standard of affordability.

Further compounding the issue is the housing infrastructure of San Diego County itself. Similar to other metropolitan cities, San Diego residents must commute significant distances to

³⁷ *California's Housing Future: Challenges and Opportunities - Public Draft Statewide Assessment 2025*, California Housing and Community Development, Jan. 2017, p. 30, <http://www.hcd.ca.gov/policy-research/plans-reports/docs/California%27s-Housing-Future-Full-Public-Draft.pdf>.

³⁸ *Idem.*

³⁹ *Idem.*

work. As the third largest city in the state of California, San Diego, both city and county, covers a wide area. There are no restrictions on where a House Staff can live within San Diego. Various factors — finances, family situation, priorities, affordable housing and proximity to work factor in the decision with respect to where House Staff choose to live. Statistics show that San Diego residents spend about 28.9 minutes commuting to work each day with some spending 90 minutes or even more on the road each day.⁴⁰ And **this does not include the daily quest to find a parking spot.** In this respect, SDSHA annual survey data suggests that the majority (70%) of House Staff spend more than 10 minutes looking for a parking. In addition, there can be at a minimum a 20-minute commute from one of the main training sites to another. Time can vary based on time of the day and traffic patterns, but in essence, the majority of House Staff are in fact commuters.

The situation is aggravated by UCSD’s policy of overselling parking permits. The UCSD campus has only 2,200 parking spaces, but is accommodating a daily population of 7,000⁴¹ while sidelining responsibility by publishing that buying a pass is **“not a guarantee that a space will be available.”**⁴²

According to the annual survey, only 8% of House Staff participate in the Pedal Club Pass program, indicating the vast majority of House Staff do not live in close proximity to a clinical training site to reach them by bicycle (not to mention the additional time incurred if biking is used as a mode of transportation).

Although it is generally accepted in California that staff are responsible for getting themselves to and from work, it is also generally accepted that the Employer should provide parking for their Staff. It appears this expectation began to shift as UCSD expanded its educational programs and ended up forcing undergraduate students to find alternatives to parking on campus.⁴³

This “it’s not my problem” policy has now been adopted by the Administration for Staff. The result has been to downgrade UCSD as a place to work and as an institution as a whole.⁴⁴

⁴⁰ Idem

⁴¹ Ken Williams, *UC San Diego to replace Hillcrest hospital by 2030*, June 16th, 2017, <https://sduptownnews.com/uc-san-diego-replace-hillcrest-hospital-2030/>.

⁴² *UCSD Transportation Services*, <https://transportation.ucsd.edu/parking/permits/using.html>.

⁴³ “Students who commute to campus by car must resort to extreme measures to find parking spaces, such as arriving hours before their first class or purchasing “B” passes from graduate students. Alternatively, some students park their cars in time-limited spots off campus like La Jolla Shores Drive and return two hours later to resume the search for parking”. *Transporting UCSD to a better future*. In: *University of California The Guardian*, Oct.19, 2016, <http://ucsdguardian.org/2016/10/19/transport-ucsd-to-a-better-future/>

⁴⁴ People rate parking as a “**downside**” when reviewing *UC San Diego Pay & Benefits* on Indeed.com, the #1 job search website. The following reflects the opinion of many if not most staff. “Getting to work and parking were such a nightmare, I have not considered employment there again until it’s resolved.

House Staff find themselves shocked at the unwillingness of UCSDHC to provide free and adequate parking to their employees especially given the traditional low pay to House Staff who are required to work long and multiple shifts in providing direct patient care. On the SDHSA Annual Survey, House Staff note that UCSDHC fairs much worse in providing parking to their House Staff, citing competing institutions both locally (Scripps Chula Vista, Kaiser) and nationally (OHSU, U of Washington, Stanford, UC Irvine, UCSF campuses). At Stanford, in particular, House Staff are given access to faculty parking. As a result, House Staff repeatedly comment throughout the survey on the negative implications of UCSDHC’s poor parking situation and how this further motivates them to discourage potential applicants from coming to her for residency.

The full extent of the House Staff’s frustration with the present parking situation at all locations is revealed by the 2017 SDHSA Survey. Even with UCSDHC parking permits, most House Staff struggle to find adequate parking spaces. These comments are illustrative:

“The parking situation at UCSD is horrible. More money is spent on penalizing residents than to providing adequate parking.”

“My main concern is having access to parking at a reasonable price. Due to limitations of transportation in southern California, we need to be able to drive and park at work. We are on fixed incomes in an area with a high cost of living. If having enough parking is an issue, providing incentives to using alternative modes of transportation could be an option but taking away the discount is not going to fix any problems re: number of parking spots or cars. We still have to get to work. Most of us drive to work and we still need a place to park our cars. We spend a significant amount of time at the hospital with only a few hours to ourselves each day. We should not have to spend that time hiking to work because we cannot park close to the hospital or cannot afford to park at the hospital.”

“I absolutely do not understand why the University expects its hard working (OVERWORKED) residents, who already are unfairly poorly compensated for their work, to have to pay for parking. It is ridiculous and indicates disrespect for the job that we do. We are forced to work long hours for low pay (including 24+ hour shifts) and cannot even park for free at the hospital we are supposed to be at in order to care for patients. Honestly it is absurd.”

D. Parking Availability

The lack of B spot availability later in the morning has a significant impact on House Staff when they are commuting between campuses. If House Staff happen to have didactics at another

Additionally, having to spend money to park as a paid employee is outrageous! [...] Infighting between departments prevents things from getting done.” <https://www.indeed.com/cmp/Uc-SAN-Diego/reviews?fcountry=ALL&ftopic=paybenefits>.

site on any given morning, which often does not end before 8:30am, then they will not be able to locate a B parking spot within close proximity to their clinical site. This becomes even worse when House Staff arrive later in the day because of clinical duties at another site (continuity clinic, operating at other sites, etc.). When these situations arise, House Staff engage in a number of frustratingly absurd maneuvers in order to find parking. These include parking over half to three-quarters of a mile from campus and walking back to their clinical site, parking at other establishments (Whole Foods, Rock Bottom, UTC Mall) with the possibility of a parking ticket, following individuals back to their car/waiting for someone to show up at the parking lot and leave a spot; driving back home and taking an Uber to work, parking off site and taking an Uber to work. If time is of the essence and House Staff do not have the luxury of waiting for or searching for available parking, (which is often the case), they must resort to more extreme measures including: illegally parking in an A spot, at the VA visitor parking lot or elsewhere or paying money to purchase a visitor parking pass (ranging anywhere from \$16-20/day) even though they have already paid for a parking permit. Another result of this situation is that parking tickets have become an additional financial burden on House Staff.⁴⁵ The financial costs of limited parking options are marked by the emotional stress that lack of parking causes as House Staff are frantically searching for parking, worried about missing or being late to clinical duties.

The only negotiated change to parking that was achieved by the GME in February of 2015 and is touted on a yearly basis as a new initiative to indicate their continued investment in House Staff “safety and wellbeing” is the use of the Valet Parking Lot at Hillcrest Campus for after-hours use from 7:00 pm to 7:00 am. However, being able to park in this lot is not easy and is limited by several caveats – only parking in the non-designated spots, not able to use on holidays (when it could be readily used by on-call residents), and risk of penalization if for whatever, clinical or otherwise, a House Staff is unable to remove their car by 7:00am.⁴⁶ In addition, obtaining the sticker allowing for parking in this lot is a challenge as the Security Office is only available during the times that House Staff are performing clinical duties, from 8:00 am to 4:00 pm.

House Staff often report the phenomenon of driving past available A spots while struggling to find B spots. This is especially true when House Staff are travelling between campuses and are not able to leave other clinical responsibilities/conferences/didactics in order to arrive on campus

⁴⁵ A SDHSA Survey reveals that 62% of House Staff report having received at least one parking ticket and 11% report having received *more than five*.

⁴⁶ Per the GME e-mail, the process for leaving one’s car past 7:00 am is quite extreme: “At 7:00am if vehicles remain in the valet lot, Security Services will be called, tickets will be issued, security officers may track down the house officer to move their vehicle immediately, and the house officer’s department will be notified.” The degree to which House Staff are sought at and penalized indicates that the assumption is the system is being abused, with no benefit of the doubt that the House Staff is otherwise engaged in clinical duties. They even go so far as to designate the ability to park in this lot as a “privilege.” Parking close to the hospital after hours when called in on call, likely for emergency, is not a privilege but a necessity for the first responders that House Staff are.

at the time necessary — safely 6:30 am at the La Jolla campuses (VA and JMC) and 7:15 am at Hillcrest. These discrepancies in parking availability are further highlighted by the UCSD Transportation Parking Space Occupancy Assessment. At the Jacobs Medical Center Campus, where House Staff have the majority of complaints, 72% of B parking spots are occupied by 8:00 am as compared to 57% of A parking spots which are occupied at this time. In addition, A parking spots are consistently in closer proximity meaning that House Staff do in fact pass these open A parking spots on their way to hopefully locating an available B parking spot. By 11:00 am, the time most House Staff are arriving on La Jolla campus if they have clinical duties split at other campuses, there are only 28 B parking spots available, 2% of all available B spots on campus. And the availability of these spots is in theory — there is no predictability as to where these 28 remaining spots are located as the parking situation with such limited spots is dynamic and fluctuating. The situation is slightly better at Hillcrest campus with 59% of B parking spaces occupied at 8:00 am and 43% of A parking spaces occupied at that time, still with the same discrepancy between A and B space availability. With respect to particular parking lots most often used by House Staff, the B parking spots at the Gilman Parking structure are 100% occupied by 8:00 am while 67% of A parking spots are available at that same time; the adjacent Parking Lot 406 is also 100% occupied at its B spots by 8:00 am; both JMC parking structures, Campus Point West and Campus Point East (a total of 303 B parking spaces) also have no available B parking spots at 8:00 am, it is an additional 2 hours until all the A spots are full at these parking structures. The 462 B spots at the P784 and P785 parking lots adjacent to Moores Cancer Center are 100% occupied by 8:00 am. The Athena Parking lot which is consistently suggested as a parking alternative by Transportation Services is arranged such that B parking spots are on upper levels and again the same phenomenon is experienced whereby House Staff pass open parking spots: only 27% of the A spots have been used by 8:00 am as compared to 52% of the B parking spots. While there are technically spots available, these limited spots are being vied for by House Staff at both VA and the Jacobs clinical sites due to the critical parking shortage for VA residents. There is complete saturation of routine B parking spots before 8:00 am, especially at the La Jolla campus sites.

E. The Effect on Patient Care

The problem is so acute as to suggest that “patient care” as well as the House Staff’ clinical duties are being jeopardized. We all know that in the medical practice, a few seconds can make the difference between life and death. Plus, it is easily understood that a clinician who is frustrated because he or she couldn’t find parking or rushing to get in time at the hospital can later find it difficult to establish the so much needed doctor-patient communication which can lead to erroneous medical decisions and potential liability for UCSD. House Staff report delays in reporting to their clinical duties, often when coming to a clinical site later in the day, explicitly due to parking. They report being late to clinic, missing didactics, and struggling to answer pages while circling around looking for a parking spot. Additionally, as there is only emergency on-call parking available after hours at the Hillcrest campus, when House Staff must report to a UCSD campus

site during the day for a consult/emergency/operative case, they experience the same parking frustrations. The inability to locate parking translates into a significant impediment their ability to respond to urgent clinical matters in a timely fashion.

“Lack of access to parking adversely affects patient care because House Staff who already work long and irregular hours have to factor in time and distance traveled to parking structures into their DAILY lives. Adding an extra 30 minutes each day to travel lots or look for spots is unacceptable when we already spend ~80 hours per week in service to our patients, along with countless hours outside of the hospital enriching our knowledge with studying and research activities, all for an artificially depressed compensation (our resident salary). It is unreasonable for us to pay high costs to an institution that receives millions from state funding for something as simple and basic as parking.”

F. Options

The justification often tendered by the UC for the parking problem is that parking has been “outsourced” and not controllable. We submit that is neither true nor acceptable. The administration of parking remains under the purview of UCSD. Adequate and affordable parking for House Staff is a necessity, not a luxury.

The UC will suggest that driving a car (and therefore parking) is “optional” and can and will be replaced by alternatives such as mass transportation and private alternatives such as “Uber” and “Lyft.” This is unrealistic, misleading and an attempt to abdicate the problem placing the time and economic burden for such alternatives on the House Staff.

Given that House Staff are required to work long periods of time, alternatives to driving and parking at the hospitals are realistically, non-existent. Ninety-one percent of House Staff do not think that there are any alternatives that can substitute for a parking pass. When asked about the use of alternative transportation options, 84% of House Staff stated that their working hours prohibited the use of alternative options such as public transportation. Another 79% of House Staff felt that the difficulty and/or length of the commute using alternative transportation options (bike, public transportation) would make the parking situation worse. It is not for a lack of consideration, but rather a reality of the time limitations of residency work hours (having to be at work at 5:00 or 6:00 am, shift work that ends at 12:00 am or 1:00 am) that makes the use of alternative options impossible.

While UCSDHC has continued to expand, so have the demands on House Staff in terms of clinical sites that they must be able to staff. In particular with the development of the La Jolla / Jacobs Medical Center, many programs are split between three primary sites (Hillcrest, Jacobs and VA) and covering House Staff can often find themselves with clinical responsibilities at multiple clinical sites over the course of a day. As a result, House Staff in many programs must travel between clinical sites both during the workday and as part of their on-call coverage. Doing so

indisputably requires access to a timely and readily available form of transportation as oftentimes the decision to go to another clinical site may not be planned and reflects the dynamic nature of medical care. For example, it would be unreasonable to expect that a House Staff member would complete clinic at the Hillcrest site, proceed to Jacobs Medical Center for a planned operative procedure only to have to return to Hillcrest emergently due to a sick patient all without access to their own mode of transportation. While, UCSDHC advertises a free shuttle is available from Hillcrest to Thornton, these shuttles do not begin early enough for the majority of House Staff, they stop service before some House Staff complete their daily work, and their frequency does not allow them to be a reliable resource for individuals who travel between campuses.

In most cases, House Staff have no choice but to utilize personal automobiles for transportation between sites. Driving to / from and between the multi-site nature of UCSDHC Medical Center translates into the additional expenses to House Staff in the form of gasoline, car maintenance and insurance. According to the Southern California Automobile Club, the average annual cost to drive a car in 2017 is \$8,469 (fuel, insurance, maintenance, and other costs are factored in).⁴⁷ California is also the 7th most expensive state in the US for car insurance rates.⁴⁸ Moreover, many programs have their House Staff covering two or more hospitals while on service, which makes the financial burden incurred even more significant.

G. Proposals

1. House Staff shall be able to obtain either an “A” or “B” permit.
2. The University shall waive all fees for UCSDHC “B” parking permits for represented House Staff.
3. The University shall provide “A” permits at a discounted rate for House Staff to reflect their half-time assignment at each location.
4. House Staff shall receive 1 “get-out-of-jail-free card” exempting them from the cost of 1 parking violation each year.
5. A House Staff Only section of the parking lot will be established at the main Hillcrest and Jacobs Medical Center parking lots. This section of the parking lot will consist of 45 parking spots which are reserved for House Staff throughout the day and can be used by

⁴⁷ *What it costs to drive a car in 2017*, Southern California Automobile Club, 2017, <https://www.calif.aaa.com/automotive/advocacy/cost-of-driving.html>.

⁴⁸ Penny Gusner, *Car insurance rates by state*, July 28, 2017, <https://www.insure.com/car-insurance/car-insurance-rates.html>.

House Staff returning from didactics, other clinical sites or responding to urgent matters at the respective clinical site. Non-authorized users of this parking lot section will be ticketed.

6. The University shall establish an automated system by which the remaining available spots can be determined virtually by House Staff prior to their arrival on campus. This will decrease the exorbitant amount of time spent by House Staff searching for available parking at various clinical sites. In the alternative, the University shall institute a flex parking policy whereby which an individual with a “B” parking permit can park in an “A” parking permit space if it is determined that no “B” parking permit spots are available at the parking locations in closest proximity to their place of work. The University shall waive up to three parking tickets per year for House Staff when the following conditions are met:

- The House Staff has either a B or A parking permit; and

- The House Staff can show proof of required clinical responsibilities at the time of ticketing.

ALTERNATIVE

In the alternative, the University shall pay each House Staff Physician Transportation Stipend to offset transportation costs including transportation and parking (covering the cost of Uber / Lyft) of one thousand dollars (\$1000.00) per month.

RELOCATION EXPENSES

A. Background

Moving to a new training program poses a significant financial burden.⁴⁹ This is particularly problematic because it is at a time when House Staff typically have limited financial resources at their disposal. On the average, fourth-year medical students spend between \$2000-\$7000 on residency interviews.⁵⁰ In addition, the costs of relocation are estimated at \$1170 for an intrastate move and \$5630 for an interstate move.⁵¹ To alleviate this problem, the GME Offices of several of the UC institutions offer a relocation allowance such as: UC Los Angeles reimburses up to \$2,500.00 moving expenses,⁵² and UCSF has instituted an up to \$1,800.00 moving allowance payable upon entering the training program, based on financial hardship,⁵³ UC Davis Medical Center provides incoming House Staff with a one-time \$1,100 moving allowance⁵⁴ and Stanford University provides a \$3,000.00 moving allowance for new hires.⁵⁵

Given the high cost of housing and the high San Diego COLI index, it goes beyond doubt that this is another area where House Staff are severely burdened. This is evidenced by the following House Staff testimonials:

“Resident compensation is not quite enough to meet the cost of living in San Diego. Especially as an intern having to supplement initial costs of moving across the country, rent and safety deposit, furniture, etc. before receiving a paycheck.”

“Moving to UCSDHC cost me thousands of dollars that I couldn't afford . . . I now have this revolving credit card debt that I'm constantly juggling”

A moving expense allowance would work to alleviate this hardship and would benefit UCSDHC in recruitment of top candidates from across the country. And since the housing costs and the rent increase rate in San Diego are comparable with those in Los Angeles (and in some

⁴⁹ A SDHSA Survey reveals that 86% of House Staff spent over \$1,000 and 37% spent more than \$3,000 to move to San Diego.

⁵⁰ Benson, Nicole et al. “Going ‘Fourth’ From Medical School: Fourth-Year Medical Students Perspectives on the Fourth Year of Medical School.” Academic Medicine. October 2015

⁵¹ US News. Money. “The Hidden Costs of Moving.” <https://money.usnews.com/money/personal-finance/articles/2014/04/30/the-hidden-costs-of-moving>

⁵² UCLA Relocation Guidelines, <http://medschool.ucla.edu/workfiles/site-GME/ResidentOrientation/ResidentsRelocationGuidelines.pdf>.

⁵³ UCSF -Resident and Clinical Fellow Needs-Based Relocation Reimbursement Program, 2017-2018
<https://meded.ucsf.edu/gme/needs-based-relocation-reimbursement-program-0>.

⁵⁴ UC Davis GME Orientation. <http://www.ucdmc.ucdavis.edu/gme/orientation.html>

⁵⁵ Stanford Medicine - Graduate Medical Education - Stipends, http://med.stanford.edu/gme/current_residents/stipends.html.

cases even higher)⁵⁶ we submit that new House Staff entering the University during their first month of training should be compensated up to \$2500 for moving expenses.

B. Proposal: Relocation Allowance

The University agrees to pay a relocation allowance in the amount of two thousand five hundred dollars (\$2,500.00) to new hires.

⁵⁶<https://files.zillowstatic.com/research/public/rental/ZRI.Los%20Angeles-Long%20Beach-Anaheim.753899.pdf>

MEDICAL INSURANCE

(MOU HOPPD Page 13 et. seq.)

A. Background

Section 22.1 of the current MOU states that “Eligible House Staff Physicians may participate in the benefits programs as described in the House Officer Policy and Procedure Document (HOPPD). Said benefits are hereby incorporated into this Memorandum of Understanding.” Medical Insurance and the other benefit package offered by UCSD are an important element in the overall wellness and financial security of House Staff. According to the *2017 SDHSA Survey*, House Staff cited appreciation for the quality care they receive from UCSD providers.

At the same time, the SDHSA has received some complaints in regard to alleged changes in coverage during the last three years. One Resident noted that there was a change in the Administrator of the Chiropractic Services that resulted in the wholesale denial of previously covered Chiropractic services. There have also been a couple allegations that Domestic Partners were provided less coverage than Spouses.

In addition, Section 22.2 of the current MOU states that “SDHSA shall be given sixty (60) days’ notice of the University's intent to change, modify, eliminate, or in any way alter, in whole or in part, any of the benefits referenced above.” **SDHSA has never received any such notices.**

B. Proposals

1. There be no change in coverage during the term of the next Contract. This is to include no decrease in coverage and no increase in co-pays.
2. Given the above reports, the UC disclose to the SDHSA any change, modification, elimination or any alteration, in whole or in part, any of the benefits in effect at the start of the current contract and sixty (60) days before any intended change in the future.
3. Confirm domestic partners are covered and afforded the same treatment as spouses.
4. Increase in annual maximum benefit of dental insurance from \$1000/year to \$2000/year as dental procedures are often expensive and many are covered at only 50% by the current insurance.
5. Increase in vision benefits to include contact lens fitting fee and increase in the amount of yearly benefits for the purchase of corrective lenses (either contacts or glasses).
6. Expanded services to include mental health care outside of UCSD. Many residents cited hesitation at seeking mental health care within the UCSD system as they are afraid the information would not remain anonymous or that colleagues would be able to access the information if they were ever treated for a medical problem within the hospital system.

Mental health care should be a top priority for House Staff as rates of depression and suicide are higher in the medical trainee population than their peers.

7. Expanded services to include fertility treatment and embryo freezing as many House Staff dedicate their prime reproductive years to medical training.

8. Expansion of coverage for alternative therapies such as massage and chiropractor (currently only acupuncture covered).

9. GME to provide annual benefits information and resource meeting for all non-intern or new hire House Staff.

MEAL ALLOWANCE & ACCESS TO FOOD

(MOU §6)

A. Background

Having equitable and readily accessible nutritious food options is vital to reducing burnout and optimizing core values of physical, mental, spiritual, professional, intellectual, emotional, and social well-being. House officers use their meal allowance to near completion, as 93.7% report using up their meal allowance by the end of the year.

It is important to note that as part of its certification of resident programs, the ACGME requires that: “The Sponsoring Institution must ensure a healthy and safe learning and working environment that provides for: a) Access to food while on duty at all participating sites . . .” [ACGME Institutional Requirements (2015) II. F. 2. a] Unfortunately, the “meal” benefit as presently administered has become of dubious since the time it was negotiated and does NOT meet this requirement.

B. Current MOU

Presently the MOU provides for a meal allowance as follows:

“6.1 An eligible represented House Staff Physician will receive an on-call meal allowance of ten dollars (\$12.00) per meal to be used at the University of California at San Diego (UCSD) Health System cafeteria. Any unused portion of the House Staff Physician's monthly meal allowance may be added to the next month meal allowance. However, any unused portion of a represented House Staff Physician's meal allowance may not be carried over to the next fiscal year. A House Staff Physician is not eligible for any cash reimbursement of an unused meal allowance. The purpose of the meal allowance is to purchase a meal while the House Staff Physician is on on-call status, meal allowances cannot be used for "bulk" purchases.

6.2 Fiscal year is defined as July 1 through June 30.

6.3 Meal allowance for represented House Officers will be distributed as follows:

Group 1: House Officers taking traditional 24 hour in-house-call

Weekends/Holidays: 3 meals/24 hours

Weeknights: 2 meals/24 hours

Group 2: House Officers working shifts; physically present in the hospital after hours

Weekends/Holidays: 2 meals/after hours shift

Weeknights: 1 meal/after hours shift

Group 3: House Officers taking at-home-call

-Applies to first call only

-Assumes on average get called in approximately half of monthly call nights

-Residents on at-home-call will receive one (1) meal every two calls, regardless of weekend or weeknight, assuming the Resident is called in 50% of the time. If Residents are called in more than 50% of the time and can provide documentation of this, the meal allowance for that Resident will increase accordingly.

**House officers rotating on other services will receive (be able to use) the respective meal allowance from the receiving service depending on which call group above they fall into.”

Comparison: Commensurate with sister institutions in California, UCSF provides \$135 per month, and UCLA provides \$200 per month.⁵⁷ Other institutions recognize that feeding staff is a normal operational expense and is necessary to avoid forcing staff off site for a meal and thereby making them unavailable in case of an emergency.

C. Meal Issues

1. Administration of Meal Benefits

The system of distribution of meal allowances appears is inconsistently administered by the individual departments resulting in confusion and differing benefits for different House Staff. To provide House Staff in different departments unequal amounts gives the appearance that certain House Staff are less valued than others. Discrepancy of benefits amongst teams has been researched and found to be a negative prognostic predictor of team functioning. See *Cyrenne P. Salary Inequality, Team Success, and the Superstar Effect*.⁵⁸ The 2017 SDHSA Survey reveals that Forty-six percent (46%) of House Officers fail to understand the system and/or have issues with how funds are distributed. The numerous House Staff complaints include:

- The cafeteria closing at 8:30 pm. This makes allocating meal credits based on overnight call nonsensical.
- Many believe that meals funds should be allocated independent of taking call or not taking call.
- Difficulty securing funds through their respective departments.
- Twelve Dollars (\$12.00) per meal is insufficient with the escalating prices of the Cafeteria and Cost of Living.
- 83% of the House Staff have reported that the “Food Kiosks” fail to accept the meal cards.

⁵⁷ <http://meded.ucsf.edu/gme/gme-meal-card-program>

⁵⁸ <http://economics.uwinnipeg.ca/RePEc/winwop/2014-02.pdf>

As the food kiosks are the only option for house officers to acquire food during on-call hours, further issues will be discussed below.

2. Kiosks are Not Working

The evidence is that the Kiosk System for providing hot, healthy meals to House Staff *does not work*. The genesis of this issue was when UCSDHC decided to reduce Hospital Cafeteria hours of operation apparently to save money. This decision was apparently done with little consideration of staff. It made meals (other than junk food) unavailable on site and it made Meal Stipends useless. House Staff sometimes were forced to buy their meals during the day and hide them until their after-hour shifts. This is unhealthy and troubling on many levels. House Staff report this has had a negative effect on their ability to receive proper meals when on duty. It is clearly revealed that in the opinion of House Staff, “*The hospital cafeteria does not have enough options and closes too early*” according to the 2017 SDSHA Survey. The so-called Kiosks, farmed out to third party vendors, have turned into mere junk food vending machines or when stocked with a “sandwich” offer the most unappetizing options. To make things worse, said Kiosks only occasionally accepted the EATS and/or Credit cards. Finally, they rarely, if ever offered an adequate selection of the promised food items to provide for those on healthy diets, vegetarians, gluten-free diets etc. The 2017 SDHSA Survey reveals:

- Only 12% report being able to routinely use food kiosks as food options
- Only 33% report that food kiosks are conveniently located
- Only 6% report that food kiosks are stocked with “fresh food, including healthy and vegetarian options”
- 50% report that food kiosks do not accommodate dietary restrictions such as vegetarian, vegan, and gluten-free options.
- 64% report they would prefer outside food delivery from an acceptable Third-Party vendor negotiated by UCSD at a discounted rate (This is how UCLA residents are fed overnight.)
- 50% would accept having leftover food from the cafeteria stocked in a refrigerator overnight
- 44% would believe that hot meals (perhaps provided by nutrition services) are necessary for having the proper meals for their shift.

D. Proposals

1. As a starting point, the UC needs to put in place sufficient resources to feed House Staff warm and nutritious meals overnight. House Staff cannot consistently perform at a high level without nutritious food. This may include keeping the cafeteria open despite the fact it is not profitable. In any case, Healthy / Vegetarian meal options be made available 24 hours a day.

2. Abandon the Kiosks / Vending Machines as the primary method of feeding house staff overnight. The UC has never effectively implemented these Kiosks and apparently the “vendors” do not consider them financially worthy of proper stocking and maintenance. During the last three years this system has never been effectively implemented.

3. The “call-based” allocation of Meal Funds should be abandoned as the cafeteria is not open overnight and as cited above the food Kiosks have unequivocally failed to provide nutritious food options to house staff who are on call.

4. Replace the Meal Allowance system with a standardized system that provides each house staff with \$200 of meal funds per month. Each house staff shall receive the credit per month and these funds will roll over from month to month. This program should be administered through GME, not through individual departments as this allows inconsistencies in administrator practices and availability. This will be allocated to each house staff independent of their specialty.

5. Some proposed options include:

- Allow House Staff to use their funds at the Cafeteria and/or with Hospital off hours nutrition services (in location which provide this to patients).

- For the UC may make arrangements to allow Meal Allowance Cards to work at a selection of nearby outside venues and / or local delivery businesses. Employees already patronize these venues and this could be a win-win for the UC and the local community.

- Another low-cost option might be for leftover food from the cafeteria to be packed at closing and stored in conveniently located refrigerators in the house staff lounge. At a minimum, excess food should otherwise be donated to a homeless shelter to demonstrate the UC commitment to help the community and avoid waste.

EDUCATIONAL EXPENSES

(MOU §10)

A. Background

A SDHSA Survey reveals that 88% of House Staff spent more than \$500 out-of-pocket on educational / work-related expenses with a majority spending between \$1,000-\$1,500 and 17% more than \$2,000. Presently the MOU provides: “UCSD will provide an Education Stipend in the amount equal to five hundred dollars (\$500) per House Staff Physician during the academic years of 2015-2016, 2016-2017, and 2017-2018.” Among other items, Educational Stipends normally cover the cost of professional meetings, travel expenses to such meetings, board study materials, journals, books, professional dues, and instruments / equipment.⁵⁹ SDHSA estimates the some of these costs can add up to approximately \$3,000.00 a year. Given this, the current Educational Stipend is disproportionate the actual annual House Staff educational expenses. Considering the present salaries of House Staff and expenses (as discussed herein) it is impossible for House Staff to pay out of their own pocket for medical conferences, scientific sessions and meetings. Attending these would allow House Staff to share new clinical techniques, scientific advancements and cutting-edge research which will direct further research and ultimately improve the outlook for UCSD patients, thus growing the UCSD academic footprint on a national scale.

As discussed in “Communication Stipend”, the University has an obligation to reimburse business expenses incurred by House Staff in accordance with California Labor Code Section 2802. Thus, the employee is entitled to be reimbursed by his or her employer for all expenses or losses incurred in the direct consequence of the discharge of the House Staff work duties. California employers have explicit obligations to reimburse employees and not pass their operating costs on to their employees. *Gattuso v. Harte-Hanks Shoppers, Inc.* 42 Cal. 4th 554, 562 (2007). The California Labor Code provides that “[a]n employer shall indemnify his or her employee for all necessary expenditures or losses incurred by the employee in direct consequence of the discharge of his or her duties, or of his or her obedience to the directions of the employer[.]” Cal. Lab. Code § 2802(a).

It is understood that many of the costs associated with the work of the House Staff may not be mandated and therefore “optional.” Yet, there is often a fine line. Should a House Staff have an iPad (approx. \$300) – not necessary, but may be an advantage. Should House Staff attend conferences whereat they will improve their skills and bring those skills back to UCSDHC – again not mandated but certainly an advantage for both House Staff and UCSDHC. The registration fees

⁵⁹ UCSD School of Medicine - Residency Salary and Benefits,

<https://neurosciences.ucsd.edu/education/residency-training/program-info/Pages/salary-benefits.aspx>.

vary as following: \$170 for American College of Cardiology,⁶⁰ \$310-\$470 for American Academy of Otolaryngology-Head and Neck Surgery; or \$289 for American College of Physicians.⁶¹

Flights to major metropolitan areas can cost up to \$500. Conferences are usually multiple days, and average accommodation costs \$200-\$250 per night. Attending a conference to present research and get up to date on standard of care easily costs a resident \$1,500. This does not include food. Without additional financial support, residents are negatively incentivized from engaging in research and advocacy to advance their field and networking with other physicians.

There is no doubt that attending such conferences would help UCSD in growing its academic footprint on a national scale.

In addition, besides traveling and meetings, educational allowance is intended to cover the costs for board study materials, journals, books, professional dues, and professional instruments, as well.⁶²

Therefore, we submit that the current \$500 Educational Stipend is absolutely disproportionate compared to actual annual House Staff educational expenses.

B. Other Institutions

AAMC 2016-2017 Survey of Resident/Fellow Stipends and Benefits Report shows that of 152 institutions 77.6% responded that they contributed to the costs to attend education related seminars. Quite notably, other institutions recognize this investment in their people too.

- UCI provides each resident with \$1,000 per year for board study materials, conference registration, travel, journals, and books⁶³.
- Stanford Medical School provides an annual education allowance of \$2,000 per resident.
- Northwestern University pays a \$2,550 Educational Fund to all House Staff, which is intended to cover iPad, books and the written ABA Board. Plus, the University pays all the expenses encountered with lodging, meals, and the

⁶⁰ American College of Cardiology - Registration Rates and Dates 2018, <https://accscientificsession.acc.org/Registration-and-Hotels/Registration-Rates-and-Dates>.

⁶¹ American College of Physicians - Internal Medicine Meeting 2018 Rates, <https://annualmeeting.acponline.org/registration-travel/internal-medicine-meeting-rates>.

⁶² UCSD School of Medicine - Residency Salary and Benefits, <https://neurosciences.ucsd.edu/education/residency-training/program-info/Pages/salary-benefits.aspx>.

⁶³ University of California, Irvine - Salary & Benefits, <https://www.medicine.uci.edu/residency/applicants/salary.asp>.

registration fee when the House Staff present their abstract at a national meeting.⁶⁴

- Griffin Hospital provides a \$1,000 reimbursement for Board review course in the third year for internal medicine (\$1,500 for IM/PM)
- Another top ranked program, Johns Hopkins Otolaryngology- Head and Neck surgery pays education allowances that range from \$1,000 to \$1,500 annually for each year.

C. Proposals

In light of the aforementioned:

- 1) The UC agrees to pay House Staff \$2,000 for educational expenses. This includes any required / necessary equipment including but not limited to their specialties such as lead shielding (aprons, glasses, caps) for radiation protection, if not covered by department-specific funds. Individual programs may provide benefits beyond these. It is preferable if this can be done in a manner to avoid House Staff being taxed on these funds.

⁶⁴ Northwestern Medicine - Resident Benefits and Housing, <http://www.feinberg.northwestern.edu/sites/anesthesiology/education/residency/benefits.html>.

HOUSE OFFICER LICENSURE FEES

(MOU §9)

A. Background

Revise Language Residents to “House Staff” Presently, Section 9 of the MOU provides that:

. . . . 9.4 License Renewal - UCSD Health System will reimburse ~~House Staff residents~~ for fees paid to renew their California Medical License while training at UCSD Health System. In order to be eligible for reimbursement, the trainee must provide documentation that his/her license was renewed on or before the expiration date, to the Office of Graduate Medical Education, no later than the end of the month following the expiration date of the license (e.g., If the license expires on March 31st, documentation must be provided by April 30th of the same year). UCSD Health System will only reimburse trainees for license renewal if the license expires during their appointment at UCSD. UCSD Health System will not reimburse a trainee for renewing a license that expires after completion of their training program or after termination of appointment from UCSD. UCSD Health System will not reimburse a trainee for renewing a license that expires after completion of their training program or after termination of appointment from UCSD.

B. Proposals

1. That Licensing Fees (e.g. Medical licenses, DEA licensing, fluoroscopy licensing, etc.) including renewals, be covered during the entire term of all residency and fellowship programs.
2. That Board Certification fees be covered during entire term of fellowship programs.

WELLNESS & EXERCISE FACILITIES

A. Issues

The business of UCSDHC is “health.” It makes sense that it is in the best interest of UCSDHC to keep the House Staff not only healthy but “Well.” It should come as no surprise that Seventy-five percent (75%) of House Staff report feeling “burnt-out.” 2017 SDHSA Survey. Studies have demonstrated that UCSDHC should invest in “Wellness” of their House Staff. Residents are reported to rarely engage in exercise and fitness strategies (36% do not exercise according to a recent survey), and residents who do not exercise are unlikely to counsel their patients to live a more active lifestyle (Daneshvar et al., [J Grad Med Educ](#). 2017). The lack of exercise and poor dietary choices may have negative consequences on physician physical and mental health (Fargen et al., *World Neurosurg* 2016). Some specialties (such as internal medicine) have created Wellness Committees. Yet this is not standard across specialties. The SDHSA proposes that the UC invest more in two areas: (1) The availability of facilities to work out and (2) Wellness activities.

B. Discussion

The top two most beneficial activities were ranked to be “group social activities (#1)” and “group health activities (#2).” Eighty-four percent (84%) of house staff would regularly use a local gym membership if available. Fifty-Six percent (56%) of respondents ranked discounted gym/yoga memberships to be the #1 priority regarding wellness. The current cost of membership to UCSD gymnasium exercise facilities is \$420. This cost is an undue burden to a House Staff’s budget. Presently the only facilities available to House Staff are: Hillcrest has an outdated room in the West Wing that contains dated equipment and is poorly lit. Currently, the new Jacobs hospital contains a room with treadmills and no weights.

A move in the right direction would include making more gym and exercise facilities available to House Staff.

Also, while House Staff spend countless hours devoted to taking care of their patients, they are often very negligent with respect to their own self-care. If a health issue does arise, House Staff are forced to address it during vacation time, if it is non-urgent or to utilize their sick leave. And while these strategies are often used to address health situations that arise (dental work, injuries, etc.), the routine preventative health care visits are neglected. Anecdotally, House Staff discuss having several years pass between routine physicals, if at all. The inability to schedule a doctor’s appointment is a direct result of resident work hours—the times that clinics are available coincide with the times that House Staff are working.

The ACGME has recognized the importance of physician wellness, setting it as one of their primary initiatives.⁶⁵ The ability to engage in meaningful and consistent self-care is integral to physician well-being. In recognition of the relationship between self-care and physician well-being, several GME departments have established “wellness days” for their House Staff. At the Grant Family Medicine Resident program, a wellness half day is integrated throughout all three years of residency with the goal of “allow[ing] residents to attend to their personal health and well-being. As residents are generally on similar schedules as practicing physicians, it is difficult to stay current with many of the recommendations for annual physicals/health checks, dental, and eye exams. This time allows the residents the ability to take better control of their own physical well-being.”⁶⁶ At Albert Einstein Internal Medicine Residency Program, House Staff are allotted four personal half-days as wellness days each year, noting explicitly that this time is independent of vacation or sick leave days.⁶⁷ Locally in California, Kaiser Permanente Northern California Residency similarly offers a personal wellness half-days two times/year.

The lack of a similar system at UC San Diego suggests that the well-being of the House Staff is not a priority for the institution. The SDHSA Annual Survey results further highlight the difficulties House Staff have in securing a time for medical, dental, mental health and vision appointments.

C. Proposals

1. Given that UCSD hospitals and clinics are located in numerous sites across San Diego, the ideal solution would be a wellness stipend in the amount of \$500 that House Staff can use at UCSD or a local gym or wellness/fitness activity of their choosing.
2. House Staff be provided a free membership to all UCSD gymnasiums / exercise facilities.
3. House Staff be granted access for fitness areas including cardiac health at all medical centers while not during patient care hours.
4. The University shall establish a policy of personal wellness half-days for all House Staff at UC San Diego. Five (5) half-days should be allotted each year. These personal wellness half-days should be independent of sick days and vacation days/ They should be scheduled at the discretion of the House Staff and their department.

⁶⁵ acgme.org

⁶⁶ <http://grantfamilymedicine.com/wellness/>

⁶⁷ <https://www.einstein.yu.edu/departments/medicine/education/residency/salary-benefits.aspx>

HOLIDAYS / LEAVE

(MOU §23 / 24, HOPPD page 8)

A. Background

Presently, the MOU provides that “House Officers receive holiday pay pursuant to University policies.” UCSD specifies which days are official UCSD recognized holidays. <https://blink.ucsd.edu/HR/benefits/time-off/holidays.html>

Thus, under the MOU, House Staff are to receive UCSD recognized holidays. At the same time, the UC essentially "loans out" House Staff to non-UCSD institutions for various rotations under agreements with these third-party institutions. Some of these institutions do not recognize the same holidays as UCSD (the primary one apparently is Cesar Chavez day). It appears that UCSD failed to consider who was going to pay for these days off when entering into the contract with such institutions. Formerly, it appears this was handled in house at the department level whereby House Staff would receive an alternative “day off” or an extra day’s pay. In 2017, GME issued a letter to the Departments instructing them to cease this practice. This issue is hard to track as SDHS has not been provided with the institutions and names / dates of affected House Staff.

B. Law

This is in essence a breach of the MOU by the University. To our knowledge, there is no authority which allows the UC to arbitrarily deny House Staff vacation days.

C. Proposal

To the extent that House Staff are asked to perform services at third party institutions which do not honor any UCSD designated holiday, the Departments will offer the HS a choice of either: (1) A personal floating holiday in worked holiday or (2) An extra day of pay.

COMMUNICATION REIMBURSEMENT & PRIVACY ISSUES

A. Background

The UC requires that House Staff utilize their personal communication devices (“smart” devices, cell phones, pagers, laptops etc.) to conduct UC business. This presents two issues, namely:

- 1) House Staff are being required to pay for personal communication devices and communication plans to perform employment functions without reimbursement and;
- 2) Personal Privacy. Although the UC policy states that “UC is equally committed to protecting the privacy of our students, faculty, staff ...”, HS are concerned that the mixing of personal and UC / Patient Information on their personal devices creates the spectra that their private information / communications may be subject to an invasion of their personal privacy.

B. Law

Labor Code section 2802, subdivision (a) requires that: “[a]n employer shall indemnify his or her employee for all necessary expenditures or losses incurred by the employee in direct consequence of the discharge of his or her duties, or of his or her obedience to the directions of the employer” Accordingly, this Labor Code section requires employers to reimburse employees for all out-of-pocket expenses the employee incurs (and not just cell phone usage) in the performance of their employment duties.

Section 2802 provides that an employer should consider the actual expenses the employee incurred and whether those expenses were “necessary.” *Cochran v. Schwan's Home Service, Inc.*, 228 Cal. App. 4th 1137, 1144 (2014). Although the UC has not actually required House Staff to own personal communication devices, they have taken advantage of the fact that virtually everyone does own such devices and incorporated these into the practice and conduct of their employment functions. Accordingly, it should be recognized that these devices have become “necessary” in the day-to-day employment functions of House Staff.

Accordingly, the University should reimburse residents for the expenses related to the acquisition and maintenance of their personal communication devices. In California, an employer must always reimburse employees for reasonable expenses associated with the mandatory use of personal cell phones regardless of whether the employee incurred an extra expense. *Cochran* at 1144. At a minimum, an employer should pay some “reasonable percentage” of the employees' cell phone plans when the cell phone is required for work. *Id.* at 1155.

C. Proposals

The cleanest option is for the UC to provide HS with a personal device and pay for the communications plan.

Another option is for the University to pay HS an allowance with which they can purchase a personal communication device and pay for the monthly plans. This has been recognized and accepted by other GME programs. For example: Stanford provides residents with an annual \$1000.00 cell phone allowance; Penn Medicine residents receive an annual stipend of \$1500.00; St. Anthony residents could get up to \$87.50 per month to offset cell phone cost; and Florida Hospital provides a cell phone stipend of \$50.00.

PRIVACY ISSUES

A. Discussion

Although the University can require HS to download security software on their personal devices to comply with HIPAA and patient privacy concerns, searching HS personal device beyond the limited access is prohibited and an invasion of residents' privacy rights. The search of cell phones requires a warrant. *California v. Riley*, 573 U.S. 783 (2014).

B. Proposal

SDHSA proposes the University and SDHSA create a joint committee to set out standards and requirements for HS use of personal devices for work related purposes that complies with HS privacy.

SAFETY

A. Background

ACGME requires “Security and safety measures appropriate to the participating site.” [ACGME *Institutional Requirements* (2015) II. F. 2.c] Many House Staff have expressed concern over their safety in walking to and from the parking lots.

Based on a university-wide survey, 1 in 10 residents at times feel unsafe walking to and from the parking structures. Nearly 30% of respondents attribute this to poor lighting and the isolation of the parking location. Additionally, 15% of residents have encountered suspicious persons that make them feel unsafe. The University has provided escort services available to residents during off-hours; however, 1 in 5 residents have tried to call security for an escort and were unsuccessful. Other residents have cited the lack of emergency communications as a safety feature within UCSD parking lots and structures.

B. Proposals

1. The University shall ensure there are cameras installed that are near elevators, entrances, exits, and on every level of structure to be monitored by on-duty security personnel.
2. The University shall enlist more night-time security personnel to patrol the structures and be available for escort services.
3. The University shall install motion-activated lights in dark areas of the structure as appropriate.
4. The University shall add an emergency telephones to every level of the parking structure.
5. The University shall enforce badge-activated gates located at the parking structure entrance overnight.

ACADEMIC TIME

(MOU § 24)

A. Issue

Presently § 24 of the MOU provides that “With the approval of the Training Program Director, House Officers may be granted up to five work days of leave with pay, per academic year, to pursue scholarly activities pursuant to their educational curriculum.”

Currently, there is no uniform enforcement of this policy. Wide variability exists with respect to how much time House Staff are afforded to attend conferences and academic meetings among Departments. As this has been a decision historically made at the discretion of the individual Department, the University has been negligent in their express duty to enforce this component of the House Staff contract. Attending these events afford House Staff with opportunities for academic enrichment and career advancement while also further promoting the name of UC San Diego.

As an academic institution, UC San Diego is geared towards research, which is especially true of the School of Medicine and Health System. Advertising on the School of Medicine research page that the institution is the top 20 among research-intensive programs, the top 10 in NIH research funding, and top 5 in research funding per faculty member, it is evident that UCSD highly values its national and international research presence.⁶⁸ The same emphasis on research is recognized on the House Staff level. The UCSD Internal Medicine Residency Program highlights the importance placed on research. “The excellent research and clinical faculty help the residents achieve the goals of participating in scholarly activities. It is our purpose to train residents in both clinical medicine and the scientific basis of diagnostic and therapeutic interventions.”⁶⁹ The excerpt from the Internal Medicine Residency website is echoed throughout the other residency programs and fellowships on UC San Diego campus. Research by House Staff are encouraged if not expected. This expectation makes the disconnect between the policy stated in the contract and the lack of enforcement that much more apparent.

B. Proposal

With the approval of the Training Program Director, House Officers may be granted **at a minimum at least** five (5) working days of leave with pay, per academic year, to pursue scholarly activities pursuant to their educational curriculum. Additional days may be granted with the approval of Training Program Director.”

⁶⁸ UC San Diego School of Medicine. “Research at UC San Diego School of Medicine.” medschool.ucsd.edu/research/Pages/default.aspx

⁶⁹ UC San Diego School of Medicine Internal Medicine Residency Program. “Research Opportunities.” medschool.ucsd.edu/som/medicine/education/residency/internal-medicine/Program/Pages/Research.aspx

RETIREMENT

A. Issues

Retirement Issues are still under investigations and accordingly comment and proposals will be submitted at a later date.

LOUNGES

(MOU § 14)

A. Background

Presently the MOU provides that:

14.1 All House Staff sleeping quarters will meet the following minimum criteria: rooms will include a bed, desk, computer, reading light, sink and toilet. Rooms will be cleaned and linens changed daily. Showers will be accessible for House Staff use on the same floor as the assigned on call quarters.

14.2 During the term of this Agreement the University agrees to maintain the Physician lounge space(s) for respite, recovery, and to promote wellness at the North and South campuses. The University will ensure that the lounge space(s) includes workstations, four (4) computers with internet access, and furnishings with the appropriate office equipment, a working printer, and supplies. At a minimum the University shall provide four (4) reams of paper per month to be placed in a cabinet near the printer. Toner and ink will be replaced as needed. Lounge space is to be used by UCSD Physicians only.

14.3 The University will ensure appropriate security measures for lounge space entry at all hospital locations, which may only be accessed via door badge reader or keypad. The lounge is to be used by UCSD Physicians only.

B. Discussion

Pursuant to the 2017 *SDHSA Survey*, there have been continuing complaints that the Hillcrest Lounge is NOT being adequately maintained. Residents depend on a clean, accessible, functional, and quiet space for charting, responding to pages and patient calls, studying, and dining.

C. Proposals

1. Increase to eight computers per resident lounge. Four (4) computers is simply not adequate for the residency lounge to serve as a functional space to work.
2. Provide a responsive system for restocking supplies, unlimited paper and a stapler in each lounge. Coffee service in Jacob.
3. Provide “ergonomically correct” workstations (currently computer screens too high, desk too high, chair too low – consider sit-stand desk.)
4. Provide resident locker rooms with lockers and shower facilities at both north and south locations. Residents have no dedicated secure space for valuables or personal belongings. Residents need a place for showers, especially if they choose to commute via bicycle.

5. SDHSA representatives shall be involved in the development and planning of lounge facilities at future UCSD buildings/development. With a number of development projects in the future, the SDHSA requests to be involved in the planning of resident spaces in order to ensure resident needs are addressed.

6. Library facilities at the hospital for quiet study space, reference material, and clinical librarian at the Hillcrest campus. A medical library is critical to an academic institution. Residents are expected to do research and study and currently there are no facilities or personnel at Hillcrest to support this. SDHSA submits that an appropriate place for this would be the Hillcrest 11th Floor “Solarium.”

UNIFORMS & LAUNDRY

(MOU § 25)

A. Background

White coats are in essence a uniform provided by UCSDHC for House Staff to wear when performing clinical duties. The white coats are meant to represent professionalism and therefore the cleanliness and appearance of the white coats is a priority of not only the House Staff but also the University as the House Staff are representatives of the institution. As is standard for uniforms, a service has been provided for the laundering and maintenance of the uniforms. However, at UCSDHC, the current system is such that the necessary laundering is inaccessible. Quite a number of House Staff are unaware of the uniform and laundry policy based on several discussions had with House Staff from various departments. In addition, it was also discovered that the present hours when the laundry service is available make the benefit virtually inaccessible. It is also the responsibility of the UCSD Laundry Services to make the information as to how to access their white coats and laundry service more accessible.

The white coats provided are often lower in quality relative to other programs, not including an internal pocket to protect materials from pathogens and fluids that the white coat acts as a protectant against and alternative button mechanisms that are more durable or easier to use. There have also been comments about the quality of the material and embroidery being lower than what has been seen even when compared to the medical student white coats.

Lastly, several residents have commented on the difficulty or lack of access to scrubs despite the need as they often rotate or may have to access the operating rooms and/or perform procedures despite not being in one of the departments allotted consistent scrub access. Also, the location of the scrubs machines or carts should be expanded throughout the hospital to facilitate this access to the various residents.

B. Proposals

- 1 UCSD Health Center Laundry Services should have consistent and convenient hours (with evening and/or weekend hours) for house staff to access for both drop off and pick up of their white coats including being staffed through the lunch hour when most residents seek to utilize this service.
- 2 The hours and location should be clearly described in a way that is easy to access for house staff, including an easy to find website as well as an annual email with these details when residents are able to order more white coats for the year. Also, clear signs within the hospital showing where laundry services would be reasonable to provide.

- 3 Implementing better quality white coats that have stronger material, inside the jacket pockets, option of knot buttons vs conventional buttons and higher quality embroidery similar to what is offered at other residencies.
- 4 Scrubs are accessible to house staff of all departments as various departments rotate through the operating room for various rotations and are often performing procedures throughout the various hospitals, even outside of the operating room.
- 5 Scrub machines and carts should be expanded to various parts of the hospital to have them be more convenient and accessible to all residents working in throughout the hospital.

LANGUAGE GENERALLY

A. “House Staff”

In recognition of SDHSA’s broader representation, all references to “Residents” in the MOU be amended to “House Staff” unless there is a specific reason to identify persons in a particular Employment Title and then the specific applicable employment titles shall be used.

REPORTS & NOTICES

(MOU § 3, 15, 18)

A. Background

Without accurate and proper lists and contact information, the SDHSA is severely hampered in performing its functions. Change the following language:

15.9 . . . Accompanying the check shall be an accurate electronic and printed deduction report, which shall contain an alphabetical listing of the represented House Staff Physicians for whom payroll deductions were made. The report shall include the represented House Staff Physician identification number, represented House Staff Physician name, and amount withheld. . . . The University shall send reports via electronic mail to those persons designated in writing by SDHSA and if not otherwise designated, the SDHSA's Chief Financial Officer treasurer, SDHSA administrative assistant and the SDHSA's attorneys. At the end of each academic year, the University shall provide an informational letter to all House Staff residents, with an explanation of rights, fees, and opt-in and opt-out procedures.

Issue: The UC has failed to comply with the provision that “At the end of each academic year, the University shall provide an informational letter to all House Staff residents, with an explanation of rights, fees, and opt-in and opt-out procedures.”

B. Proposals

- The revisions to the language suggested above.
- Discussion of why the UC has failed to “At the end of each academic year, the University shall provide an informational letter to all residents, with an explanation of rights, fees, and opt-in and opt-out procedures” and possible remedies.

GRIEVANCE & DISCIPLINARY PROCEDURES

(MOU §1 and §3)

Presently the grievance procedures are ill-defined and confusing which has a high probability of leading to wasted resources by both parties. Better defining the procedures will alleviate this problem.

A. LANGUAGE

Language § 1.3

Presently: “1.3 Except as provided herein, neither party will have any duty to meet and confer for the purpose of modifying terms and conditions to the Agreement.”

Proposed Revision: Add “Regardless of the foregoing, if during the term of this Agreement, the SDHSA identifies an issue related to or deriving from the terms of this Agreement, the SDHSA may petition the Administration to initiate a formal meeting to review the issue and discuss the need for changes to this Agreement or other actions which might be taken to resolve the issue. Such petition shall be issued to the Office of UCSDHC Medical Labor Relations who shall respond within fifteen days with a proposed meeting date to be held within thirty days of the response.”

Why Needed: At times unforeseen changes occur which change or affect the terms of the Agreement. An example would be the reduced hours of the Cafeteria in Hillcrest. The result was to severely affect the value of the Meal Allowance.

Language § 3.3

Presently: “3.3 The Association may pursue alleged violations of this Agreement by filing a written complaint with the Director of Labor Relations. The complaint must be filed within forty-five (45) days of the date the Association knew or should have known of the alleged violation. The foregoing shall not be deemed a limitation barring pursuit of remedies by the Association authorized by law. The complaint will be forwarded by the Labor Relations office to the Chief Operating Officer (CEO) for review and response within a timely period but in case no more than forty-five (45) days from the receipt of the complaint. The time limit for the CEO's response may be extended by agreement between the University and the Association. The parties may agree to appoint a mutually agreed upon fact-finder to review the relevant issues and facts and to so advise the CEO. The CEO shall review the findings of fact and issue a final decision regarding the grievance.”

Proposed Revision: 3.3 The Association may pursue alleged violations of this Agreement by filing a written complaint with the Director of Labor Relations for UCSDHC Health System. The complaint must be filed within sixty (60) days of the date the Association knew or should have known of the alleged violation or the date of the last response from the Administration discussing the issue. The foregoing shall not be deemed a limitation barring pursuit of remedies by the Association authorized by law. The complaint will be forwarded by the Labor Relations office to the Chief Operating Officer (CEO) for review and response within a timely period but in case no more than forty-five (45) days from the receipt of the complaint. The time limit for the

CEO's response may be extended by agreement between the University and the Association. The parties may agree to appoint a mutually agreed upon fact-finder to review the relevant issues and facts and to so advise the CEO. The CEO shall review the findings of fact and issue a decision regarding the complaint. If the Association remains dissatisfied with the decision of the CEO *** (to be agreed upon).”

Why Needed: It would be preferable to resolve issues without the need for a formal “complaint” or grievance and extending the time limit to 60 days allows for discussion. Adding “Director of Labor Relations for UCSDHC Health System” corrects misleading language. Additional language is proposed to eliminate the need to resort to a PERB complaint if the CEO decision is unacceptable.

Language § 7.1

Presently: “7.1 Rules regarding House Staff work environment are to be governed by the UCSDHC House Officer Policy and Procedure Document. To the extent the House Officer Policy and Procedure Document and this Agreement conflict, this Agreement shall control. Modifications to the UCSDHC House Officer Policy and Procedure Document which are within the scope of bargaining will be addressed in accordance with the provisions of HEERA.”

Proposed Revision: 7.1 Rules regarding House Staff work environment are to be governed by the UCSDHC House Officer Policy and Procedure Document. To the extent the House Officer Policy and Procedure Document and this Agreement conflict, this Agreement shall control. Modifications to the UCSDHC House Officer Policy and Procedure Document which are within the scope of bargaining will be addressed in accordance with the provisions of Section 3 herein and HEERA.

Why Needed: It makes sense to refer matters to an in-house system to address issues before having to take a matter to PERB.

B. DISCIPLINARY PROCEDURES

Present Discipline Procedure

ACGME requires that the Institution’s “contract/agreement of appointment must directly contain or provide a reference to the following items: . . .grievance and due process.” *ACGME Institutional Requirements (2014)* IV. B. 2. and “IV.D. Grievances: The Sponsoring Institution must have a policy that outlines the procedures for submitting and processing resident/fellow grievances at the program and institutional level and that minimizes conflicts of interest.” Presently the MOU states that: “16.1 House Staff will not be disciplined or dismissed from employment without due process as outlined in the UCSDHC House Officer Policy and Procedure Document. A copy of the Discipline, Dismissal, Due Process Section of the UCSDHC House Officer Policy and Procedure Document is attached as Appendix "A'.

Issue: The HOPPD discipline and dismissal procedure is convoluted, confusing and illogical. This has been the opinion of both the SDHSA and UCSD Labor Relations in the past. The procedure must be re-written so that all parties have reasonably understandable procedures to follow thereby satisfying the need for “due process.” Said Procedure should then be incorporated into the MOU instead of the HOPPD.

Proposals

Revision of Disciplinary Procedures. The present Disciplinary Procedures will be revised by the parties to clarify issues and procedures and become part of the MOU.

EXHIBITS

UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • MERCED • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

OFFICE OF THE VICE PROVOSTS --
ACADEMIC PERSONNEL AND PROGRAMS

OFFICE OF THE PRESIDENT
111 Franklin Street, 11th Floor
Oakland, California 94607-5200

May 25, 2017

EXECUTIVE VICE CHANCELLORS/PROVOSTS VICE PRESIDENT HUMISTON

Dear Colleagues:

In her letter of May 1, 2017, President Napolitano asked Chancellors to implement a 3% salary program for faculty and other academic personnel, in accordance with the 2017-18 UC budget the Regents approved in November 2016. Following discussion with the Chancellors, the Executive Vice Chancellors/Provosts, and Vice Provosts/Vice Chancellors for Academic Personnel, and with input from the Academic Senate, the President determined how the 2017-18 salary program will be implemented for 1) general campus ladder-rank faculty (including a few health sciences faculty not in the Health Sciences Compensation Plan), 2) faculty participating in the Health Sciences Compensation Plan (HSCP) including ladder-rank HSCP faculty, 3) all other non-represented academic appointees, and 4) Deans and Certain Full-time Faculty Administrators. I am enclosing the President's letter and guidance document as well as a link to the Academic Salary Scales for 2017-18.

Salary Scales for Faculty and Non-represented Academic Personnel

Under the 2017-18 salary program, the salary for faculty and non-represented academic personnel listed below are adjusted by 1.5% (subject to rounding) effective July 1, 2017. Both the minimum and the adjusted scales are increased by 1.5%, and the minimum scales will remain in effect until personnel on them have advanced in rank and/or step to the adjusted scales. In addition, ladder-rank faculty scales, and the scales that tie to the ladder-rank scales, are smoothed, so that the intervals between steps are roughly equivalent; this results in step adjustments of at least 1.5% with some adjustments slightly higher than 1.5%.

- Faculty ladder ranks, equivalent faculty, and other faculty – Tables 1 - 5, 7 - 8
- Supervisors of Physical Education Series – Table 9
- Lecturers and Senior Lecturers with Security of Employment; Lecturers and Senior Lecturers with Potential Security of Employment - 100% Time – Tables 10-A and 10-B-1 & 10-B-2
- Professional Research Series – Tables 11 - 14 (exempt); Tables 11N - 14N (non-exempt)
- Interns, Residents, and Non-Physician Clinical Trainees – Table 21
- Specialist Series – Table 24 (exempt); Table 24N (non-exempt)
- Military or Air Science and Tactics Assistant – Table 25
- Non-represented Librarian Series – Table 26-A (exempt); Table 26-A(N) (non-exempt)
- Assistant and Associate University Librarian – Table 27 (exempt); Table 27N (non-exempt)
- Cooperative Extension Advisor Series – Table 28 (exempt); Table 28N (non-exempt)

Exhibit 1.1

- Specialist in Cooperative Extension Series – Table 29 (exempt); Table 29N (non-exempt)
- Coordinators of Public Programs – Table 30 (exempt); Table 30N (non-exempt)
- Continuing Educators – Table 31(exempt); Table 31N (non-exempt)
- Academic Administrator Series – Table 34 I-VII (exempt); Table 34N I-VII (non-exempt)
- Academic Coordinator Series – Tables 35 I-III and 36 I-III (exempt); Tables 35N I-III and 36N I-III (non-exempt)
- Project (e.g., Scientist) Series – Tables 37 - 38 (exempt); Tables 37N - 38N (non-exempt)
- Academic Standard Table of Pay Rates – Table 39 (exempt); Table 39N (non-exempt)
- Minimum Salary Scales – Tables 1M, 2M, 3M, 5M, 7M, 14M, 14N-M, 37M, 37N-M, 38M, 38N-M

Other Adjustments for 2017-18

The minimum scales have been separated from the adjusted scales for all tables and placed as an appendix. For questions regarding the use of the minimum scale, please contact your campus Academic Personnel Office or Executive Director Pamela Peterson in my office at Pamela.Peterson@ucop.edu.

Specialist Series - Table 24 (exempt) and Table 24N (non-exempt). Four additional steps are added to the top of the Specialist Series scales. Specialist Steps VI, VII, VIII and IX are effective July 1, 2017. Implementation guidelines will be provided to the campuses.

Graduate Student Researchers and Graduate Student Assistant Researchers – Table 22. The salary program for the graduate student researchers and graduate student assistant researchers is under consultation and scale adjustments will be communicated separately. An October 1, 2017 effective date is anticipated.

Salary Scales for Represented Academic Personnel

In accordance with the contractual agreement between the University Council – American Federation of Teachers (UC-AFT) and the University of California, enclosed are the 2017-18 salary scales for the Non-Senate Faculty (NSF) Unit 18 titles (Tables 15-17 and 32-33). The salary ranges/rates have been adjusted by a general range adjustment increase of 2.5% with an effective date of July 1, 2017.

For titles in the Unit 18 bargaining unit whose salary rates are not maintained by the Office of the President (for example, demonstration teachers), each campus will need to ensure that the 2.5% increase prescribed in the agreement are implemented. Positions and/or titles paid on a “By Agreement” basis may continue to be paid on a “By Agreement” basis insofar as the amount paid to each “By Agreement” NSF is at or above the minimum of the salary range for her/his position.

In addition, in accordance with the contractual agreement with the UC-AFT, the salary rates for represented librarians (Tables 26-B and 26B(N)) have been adjusted by a general range adjustment increase of 1.5% with an effective date of July 1, 2017.

The salary scale for resident physicians (Table 21) is adjusted by 3% on July 1, 2017 for all campuses, with the exception of UCSD, which is increased by 2.9%, as agreed by all UC Medical Center Chief Executive Officers, School of Medicine Deans, and Graduate Medical Education Directors.

Exhibit 1.2

May 25, 2017

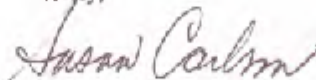
Page 3

Other Details

The Faculty Recruitment Allowance maximum listed in Table 40 is increased by 3% from \$64,700 to \$68,700 effective July 1, 2017. The maximum amount of start-up costs for faculty in the laboratory and health sciences during an intercampus transfer, currently at \$955,000, is also increased by 3% to \$984,000.

The salary scales are available online at: <http://www.ucop.edu/academic-personnel-programs/compensation/index.html>. If you have questions, please email Executive Director Peterson or call the Academic Personnel and Programs main phone line at (510) 987-9479.

Sincerely,



Susan L. Carlson

Vice Provost, Academic Personnel and Programs

Enclosures: President Napolitano Letter of May 1, 2017
2017-18 Salary Program for Academic Appointees

cc: President Napolitano
Provost and Executive Vice President for Academic Affairs Dorr
Academic Council Chair Chalfant
Executive Vice President Nava
Executive Vice President Stobo
Vice President Duckett
Vice President Ellis
Vice President Holmes-Sullivan
Associate Vice President Nation
Vice Provosts/Vice Chancellors Academic Personnel/Academic Affairs
Graduate Deans
Council of University Librarians (CoUL)
Chief of Staff Grossman
Academic Personnel Directors
Executive Director Baxter
Executive Director Peterson
Director Chester
Director Jennings
Director Lee
Director Lockwood
Associate Director Fishel
Data Coordinator Sykes
Analyst Huang
Principal Analyst Espinoza

Exhibit 1.3

**TABLE 21
STUDENT TITLES*
INTERN, RESIDENT, RESIDENT PHYSICIAN, OR POST-D.D.S.**

<u>Rank</u>	<u>Step</u>	<u>Salary Scale 12/1/16</u>		<u>Salary Scale 7/1/17</u>	
		<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>
INTERN					
Pharmacy	—	21,156	1763.00	21,156	1763.00
Veterinary Medicine	—	30,036	2503.00	30,492	2541.00
Clinical Psychology**	—	24,133 - 37,000	2,011.09 - 3,083.34	24,133 - 37,000	2,011.09 - 3,083.34

Comp Group A64

	<u>Step</u>	<u>Salary Scale 12/1/16</u>		<u>Salary Scale 7/1/17</u>	
		<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>
RESIDENT					
PGY 1/Pharmacy Resident	—	47,500 - 57,500	3,958.34 - 4,791.67	47,500 - 57,500	3,958.34 - 4,791.67
PGY 2/Pharmacy Resident	—	51,500 - 62,000	4,291.67 - 5,166.67	51,500 - 62,000	4,291.67 - 5,166.67
Veterinary Medicine	I	41,592	3466.00	42,216	3518.00
	II	43,524	3627.00	44,184	3682.00
	III	45,540	3795.00	46,224	3852.00
	IV	47,832	3986.00	48,552	4046.00

Comp Group A64

	<u>Step</u>	<u>Salary Scale 12/1/16</u>		<u>Salary Scale 7/1/17</u>	
		<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>
Resident Physician I-VIII**	I	53,947	4,495.58	55,566	4,630.50
Post-D.D.S. I-VI	II	55,736	4,644.67	57,408	4,784.00
	III	57,925	4,827.08	59,663	4,971.92
	IV	60,211	5,017.58	62,018	5,168.17
	V	62,676	5,223.00	64,556	5,379.67
	VI	65,005	5,417.08	66,955	5,579.58
	VII	67,167	5,597.25	69,182	5,765.17
	VIII	70,702	5,891.83	72,823	6,068.58

Comp Group A66

	<u>Salary Scale 12/1/16</u>		<u>Salary Scale 7/1/17</u>	
	<u>Annual</u>	<u>Monthly</u>	<u>Annual</u>	<u>Monthly</u>
Non-Physician Clinical Trainee	47,484 - 60,000	3,957.00 - 5,000.00	47,484 - 60,000	3,957.00 - 5,000.00

Comp Group B75

* For employees in any of the above-referenced titles who are exclusively represented, the application of the Salary Scale is subject to the requirements of the Higher Education Employee-Employer Relations Act (HEERA). As such, for employees covered by a Memorandum of Understanding (MOU), the Salary Scale applies only to the extent provided for in the MOU.

** New title and salary scale established for UC clinical psychology interns in 2016-17.

*** Note: The compensation of a Chief Resident Physician should be paid according to their step assignment as a Resident Physician (title codes 2724 or 2732) plus an additional fixed stipend as Senior/Chief Resident under title code 2725.

Exhibit 2.1