

Approved -- Senior Vice President Vivian Lee:

Memorandum

TO: Vivian Lee, Senior Vice President for Health Sciences, Dean, School of Medicine and Chief Executive Officer University Health Care

FROM: Carrie L. Byington, Vice Dean for Academic Affairs and Faculty Development, School of Medicine

DATE: October 28, 2013

RE: Proposed Revision 2 of University Policy 8-002: School of Medicine Faculty Parental Benefits—Leaves of Absence with Modified Duties and Review Extensions.

I. Introduction:

This is a proposal for revision of University Policy 8-002 regarding parental leave of absence benefits for faculty of the School of Medicine. This proposal stems from a series of reviews of the existing version of the Policy and its implementation, reviews which began in the first year after the Policy was originally enacted, and continued with a thorough review by an ad hoc committee in the past year. The August 7, 2013, report from that most recent phase of review is the basis for the most important substantive changes incorporated in this proposal, and attached is a copy of that report, including specific recommendations that were made by the ad hoc committee—the School of Medicine Parental Leave Committee.

II. Highlights of important substantive changes, and rationales for change:

The existing Policy provides for two types of benefits for full-time faculty members of the School of Medicine in connection with the birth or adoption of a child. One type is a review timetable extension (extending the 'tenure clock') for tenure-line faculty, and there are *no* significant substantive changes proposed for that type of benefit (although it will be greatly clarified by bringing its description up to date in line with the equivalent part of the University "main" Policy, as explained below).

The other type is a leave of absence with pay (for both tenure-line and career-line faculty). The most important changes now proposed will change the funding model for the pay faculty members

receive during such a leave of absence. The proposed model creates a new benefit for paid leave of absence that does not require the use of vacation or sick leave accruals. In addition, for faculty members who use the paid leave, the rate of pay on which the leave will be calculated is increased from the current base rate (of \$30,000 for Assistant Professors, \$40,000 for Associate Professors, or \$50,000 for Professors) to the National Institutes of Health salary cap (\$179,700 for FY 2014). This increase is the heart of the proposal, and it is expected that making this set of changes will greatly improve the effectiveness of the Policy for accomplishing its intended purposes of supporting faculty members through paid leave that more closely reflects their actual pay, encouraging their return to work following leave, and allowing faculty to use NIH support in accordance with federal regulations for parental leave.

• Changed pay rate and sources of funding for pay during parental leave.

Under the existing Policy, there are three potential funding sources for parental leave. For faculty members with vacation or sick leave accrual, these may be used during the time of parental leave to support paid leave. For faculty members who do not have these accruals or who do not wish to use them for parental leave, the Departments will provide support for up to 12 weeks of leave based on a pay rate of \$30,000 for Assistant Professors, \$40,000 for Associate Professors, or \$50,000 for Professors. This pay rate represents, on average 30% of pay for faculty members in the basic science Departments and 15% for those in clinical departments at the Assistant Professor level. The complexity of the current leave policy, the significant reduction in pay during the leave period, and/or the need to use accruals have resulted in complaints from faculty members, department chairs, and administrators. The current policy is also poorly aligned with other peer-institutions, potentially affecting our ability to recruit. Finally the current policy does not allow the School of Medicine to take advantage of the NIH parental leave policy.

With the Policy revised as the committee is proposing, the parental leave benefit will be supported using Departmental and Central resources. In addition, faculty members with federal grant support can use grant funds to support the leave for the FTE paid through grant funding up to the NIH salary cap. In addition, the rate of pay will increase from the base rate described above to the annual salary rate (base plus negotiated pay) up to the NIH salary cap. For clinical faculty members at the assistant professor level, the NIH salary cap represents ~ 92% of annual salary.

• Conforming to National Institutes of Health parental leave requirements, to enable continued grant funding during parental leaves.

Subsequent to the University's adoption of original Policy 8-002, the NIH has enacted agency policy which allows grant funds to support parental leave if the School of Medicine has a parental leave policy that supports paid leave for all faculty members. The existing 8-002 is not sufficient to meet those requirements because the paid portion of the leave may be different for all faculty members and is dependent on vacation and sick leave accruals. Further, the current rate of pay does not allow us to pay individuals the salary and benefits guaranteed by the NIH award.

We anticipate that other granting agencies will adopt similar agency policies in the future. This proposed revision of Policy 8-002 is crafted to comply with the NIH requirements (and anticipated similar requirements of other agencies), and so open up significant funding resources for the University as well as enhancing the development of our faculty researchers who make use of parental leave.

• Parental leave policy—diversity—and accreditation.

Finally, having a uniform paid parental leave policy is seen by the Liaison Committee of Medical Education (LCME) as an important contribution by the School of Medicine toward a flexible and inclusive

work environment. Accreditation by the LCME is vital for the School of Medicine and an important factor in accreditation is our ability to demonstrate commitment to policies and processes that support diversity and inclusion.

III. Extensive reorganization and rephrasing of 8-002 to regain consistency with the main Policy 6-315, for greater clarity of compliance with anti-discrimination principles.

The proposed revision of Policy 8-002 will appear to be very different from the existing version—extensively expanded, reorganized and phrased differently in many parts. These are mostly not substantively significant changes, and are needed to bring this SOM-only Policy up to date to regain consistency with its counterpart main Policy, and thereby incorporate significant improvements that have already been made in 2007 and 2011 to that counterpart main Policy—including improvements made to clarify that the University in enacting and implementing its parental benefits policies is attentive to and compliant with principles of civil rights law—avoiding unlawful sexual discrimination.

The University's formal policies on faculty parental benefits emerged from the vital work of the University's Presidential Commission on the Status of Women (PCSW), which after some years of study presented in 2005 a report and policy proposal. That led to enactment of the first such University Policy in 2006, which was a single Policy encompassing all of the University's colleges and the libraries, but explicitly provided that implementation within the School of Medicine would be delayed for one year while certain key issues were being worked out. During that year of delay, it was decided that because of significant differences between the School of Medicine and the rest of the University on those key practical issues, it was best to restructure the original single Policy into two separately-numbered Policies—a "main" version applicable for the entire University except Medicine (now named Policy 6-315), and the SOM-only version (now named Policy 8-002).

A core principle of the 2007 decision to separate the one into two Policies was that the two should be kept written as similarly as possible—differing only to the limited extent actually necessary to account for the differences between the School of Medicine and the other colleges and libraries on key practical issues. The separated SOM-only Policy was put into effect in 2007 and per that core principle, it was written from the model of the main policy, with the same basic structure and identical or near-identical phrasing except in parts where different circumstances required substantively different content (reflecting the practical differences on the key issues).

Since the original single-policy enactment, the main Policy (6-315) has been reviewed extensively and undergone two sets of major revisions, effective in 2007 and 2011, and meanwhile the SOM-only Policy has also been under repeated review, and the needs to revise it to keep up with extensive revisions of the counterpart main Policy have been kept in mind, but kept "on hold" until the also-needed major substantive changes were ready to move forward. This current proposal accomplishes both those long-awaited extensive revisions of the entire SOM-only Policy 8-002 for clarification and consistency (including clarity of compliance with anti-discrimination laws), and the important substantive expansions of the paid parental leave benefit for the SOM faculty.

For brevity, lengthy explanations of the overall history of the two Policies, including the reasons behind the significant 2007 and 2011 revisions of the main Policy are not repeated here, but can be found in documentation already available online, listed below under Attachments.

And because the resulting structural and phrasing changes now proposed for Policy 8-002 are so extensive (and not significantly affecting substantive rights), those specific changes are not highlighted here and we have not attempted to prepare a line-by-line comparison of existing and proposed revised text (which would be more confusing than helpful to readers). Instead, a copy of the existing version is attached, marked as being entirely replaced by the revised version.

Finally, note that a very few changes incorporated in this revision of 8-002 to achieve consistency with text of 6-315 are technical changes that do not yet actually appear in 6-315, but are

planned to be made to it later this year when it and a large set of other Regulations are revised as a phase of purely technical revisions to conform to the changes of nomenclature for faculty approved in spring 2013 and planned to be carried out this year (discarding the terms "regular" and "auxiliary" faculty in favor of "tenure-line" and "career-line").

IV. Convenient comparison of main Policy and SOM-only Policy, upon completion of proposed revisions.

As an earlier discussion with the Senate Executive Committee showed, the Academic Senate discussion of this proposal will likely engender questions about specific *points on which this SOM-only Policy will be substantially different from the main Policy* once both the extensive consistency-driven updating and significant substantive changes of this proposal are completed. To facilitate efficient discussions and timely processing of this proposal, here are some highlights of the substantive differences (and similarities) that will exist upon completion of these planned revisions:

- Types/categories of faculty covered: Main Policy = all tenure-line faculty, including full-time and part-time (as a result of Policy 6-320 and 6-315 combined), of the University Libraries and all of the academic colleges other than Medicine. Not career-line. SOM-only Policy = full-time (no part-time), both tenure-line and career-line. Both Policies = no waiting period, eligibility begins immediately upon appointment to faculty position.
- Review timetable extension (commonly known as extending the tenure "clock"): <u>Both</u> <u>Policies, identical=</u> available twice during an entire career at the University, delaying formal reviews for one year in each instance, available for tenure-line faculty (not considered relevant for the SOM careerline faculty, as there is no functional equivalent of a tenure "clock").
- Paid leave of absence for a period of care-giving for newly arrived child (birth or adoption), and/or for childbearing mother's health issues: Both Policies= provide some period of leave, with some amount of pay, but they differ significantly on major elements, based on very different circumstances of the two settings. Main Policy= uniformly one-semester for each instance (based on typical work arrangements of teaching semester-length courses), available twice in a career at the University (i.e., two instances of child birth/adoption are supported), pay is 95% of otherwise applicable annual salary. SOM-only Policy= length of leave flexible from one to maximum six weeks each instance (semesters being not relevant), available to maximum total of 24 weeks during entire career at University (e.g., four instances of childbirth/adoption of six weeks each), pay is now being raised to 100% of annual salary up to NIH cap. Also, taking more than six weeks leave (up to 12) in given instance is possible---not covered by this paid leave Policy but achievable in some circumstances by tacking on after the six weeks additional leave time under terms of FMLA either unpaid or paid using accrued vacation & sick pay (accrued by faculty employees with 12-month rather than 9-month appointments). <a href="Both Policies="Both Polici
- Work during the paid leave period: <u>Both Policies, nearly identical</u> leave-taking parent can opt out of all work, but may choose to keep up some work such as advising students/trainees, participating in faculty hiring and RPT decisions, or for SOM "limited clinical work" such as reviewing a medical record to advise on a case.

V. Consultations and Conclusion:

The important substantive features of this proposed revision of Policy 8-002 were unanimously approved by the School of Medicine Executive Committee, have been reviewed by the Presidential Commission on the Status of Women, the Academic Senate's Salaries and Benefits Committee, and were previously discussed by the Executive Committee of the Academic Senate to facilitate formulating the final proposal. The specific proposal has been processed through the Institutional Policy Committee.

If you approve of the proposed revisions, this proposal will be presented for formal approvals of the Academic Senate, the President of the University, and the Board of Trustees, per normal procedures. It is the intention of the School of Medicine to implement these policy changes on January 1, 2014.

VI. Attachments:

- Proposed contents of Revision #2 of Policy 8-002
- Existing Revision #1 of Policy 8-002 (marked for complete replacement)
- Report of ad hoc committee School of Medicine Parental Leave Committee-- Summary and Recommendations, August 7, 2013
- Letter of support and recommendations of the Presidential Commission on the Status of Women

Documentation of the histories of the single and separated Policies on parental benefits, not attached here but available online, includes:

Original single University-wide Policy from 2006, at: http://regulations.utah.edu/academics/revisions 6/6-315.R0-pdf, and legislative history background, Part 1 at: http://regulations.utah.edu/academics/appendices 6/6-315.R0-background.pdf and Part 2 at: http://regulations.utah.edu/academics/appendices 6/6-315.R0-background.pdf at a proper for a

First revision of main Policy in 2007 at: http://regulations.utah.edu/academics/revisions-6/6-315.R1.pdf and background at: http://regulations.utah.edu/academics/appendices-6/6-315.R1.pdf and background at: http://regulations.utah.edu/academics/appendices-6/6-311-6-315-2007legislativehistory.pdf

Second revision of main Policy in 2011 at: http://regulations.utah.edu/academics/6-315.php (link to Revision 2) and background at http://regulations.utah.edu/academics/appendices-6/6-315R2 legislativehistory 2011-05-10.pdf (including additional links to the lengthy underlying https://regulations.utah.edu/academics/appendices-6/6-315R2 legislativehistory 2011-05-10.pdf (including additional links to the lengthy underlying https://regulations.utah.edu/academics/appendices-6/6-315R2 legislativehistory 2011-05-10.pdf (including additional links to the lengthy underlying https://regulations.utah.edu/academics/appendices-6/6-315R2 legislativehistory 2010 Report which guided that 2011 revising.

Existing version of the SOM-only Policy 8-002 after the separation, effective 2007 to present, at http://regulations.utah.edu/health-sciences/8-002.php (link to Revision 1) and background at: http://regulations.utah.edu/health-sciences/8-002.php (link to Revision 1) and background at: http://regulations.utah.edu/health-sciences/8-002.php (link to Revision 1) and background at: http://regulations.utah.edu/health-sciences/8-002.php (link to Revision 1) and background at: http://regulations.utah.edu/health-sciences/8-002.php (link to Revision 1) and background at: http://regulations.utah.edu/health-sciences/appendices 8/8-002R1 legislativehistory 2007-03-12.pdf.

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