

# **Committees that Administratively Report through Health Sciences**

**Last updated 10/23/2025**

The Office the Vice Chancellor Health Sciences - Academic Affairs has compiled this list of committees administered by various units within Heath Sciences. Academic units within Health Sciences were asked to provide a list of committees that are viewed as broadly impactful, and that advance the mission across units within UCSD Health Sciences or its close Affiliates.

Descriptions are provided which list the scope and impact of each committee. Total estimated time commitments required to participate in the meetings of each committee is included, without inclusion of preparation time or time needed for generating materials (e.g., reports) outside of the meeting itself, unless indicated. These data are reported as directly received from the academic units.

The goal of this list, which is not at all comprehensive, is to aid faculty in identifying potential committee involvement opportunities, and to acquaint reviewers of academic files with the function of these committees.

Faculty using this reference document should consult with leadership / mentors in their respective units on how to become involved with these committees and with others not listed here, so that they can become best acquainted and involved with all appropriate Health Sciences and also University service opportunities.

Contact Division chiefs, chairs, deans, and HS Academic Affairs leaders if there are questions about participating on the various committees included in this document.

Faculty members in Academic Senate (Ladder Rank Professor, In Residence, Professor of Clinical X, and Emeritus employed at UCSD at retirement) also have the opportunity to participate in standing committees of the Academic Senate. Membership in these committees are appointed through the Committee on Committees. You may receive an email as a senate member about your willingness to participate in these committees and we suggest you look at the following list – [UCSD Academic Senate Standing & Special Committees](#).

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\*Please be advised that the Health Sciences & School of Medicine committee listings are updated as of December 2024. The bylaws governing these committees are currently under review, and a revised document will be provided within the coming year.

**Health Sciences Committees** - All Health Sciences (HS) committee memberships are established through appointments or elections managed by the HS Faculty Council and its nominating committee. We encourage you to actively participate by responding to the annual call for nominations, distributed at the beginning of every calendar year. All membership information can be located on the [HS bylaws website](#).

Committee Name	Description	Frequency	Approximate Hours/Year
<b>Endowed Chair Committee</b>	The committee assesses the suitability of faculty members proposed for endowed chairs in Health Sciences. Nominations for the committee are coordinated by the Vice Chancellor for Health Sciences – Academic Affair. Contact <a href="mailto:vchspolicy@health.ucsd.edu">vchspolicy@health.ucsd.edu</a> with questions.	Monthly	12
<b>Health Sciences Compensation Plan (HSCP) Advisory Committee</b>	Assists the Vice Chancellor Health Sciences in 1) implementation procedures for the HS compensation plan and good standing criteria; 2) processes for developing departmental / school implementing procedures of the plan, including methods for obtaining faculty input and for determining consistency with school implementing procedures; and 3) hearing faculty grievances with regard to the administration of the HS, departmental or school compensation plans.  Term Length: 4 years	Quarterly	Varies
<b>Health Sciences Faculty Council (HSFC)</b>	Advises the Vice Chancellor Health Sciences and represents the faculty on matters related to the education, research, and service programs of all Health Science Schools.  Term Length: 3 years	Monthly	12+
<b>Health Sciences Faculty Rights and Welfare Committee (FR&amp;WC)</b>	Considers and makes recommendations to the HS Faculty Council on matters pertaining to the general welfare of the HS faculty, or of concerns shared by specific faculty groups.  Term Length: 4 years	Quarterly	Varies
<b>Health Sciences Nominating Committee (NOMCOM)</b>	Compiles a slate from which Faculty Officers, as well as all chairs and faculty for standing committees of the HS will be elected with Deans and AVCs as ex officious. This Committee may also recommend to the Vice Chancellor HS, and to the campus Committee on Committees, the names of faculty for service on administrative committees as well as other nominations.  Term Length: 3 years	Annually	Varies

**School of Medicine Committees** - All SOM committee memberships to the following list of committees are established through appointments or elections managed by the HS Faculty Council and its nominating committee. We encourage you to actively participate by responding to the annual call for nominations, distributed at the beginning of every calendar year. All membership information can be located on the [SOM bylaws website](#).

Committee Name	Description	Frequency	Approximate Hours/Year
<b>School of Medicine (SOM) Associated Health Professions Education Committee (AHPEC)</b>	Reviews and advises the Committee on Educational Policy (CEP) regarding educational programs in the allied health professions and other programs specified by the Dean or by the faculty.  Term Length: 2 years	Monthly	24
<b>School of Medicine Committee on Academic Personnel (SOMCAP)</b>	Reviews dossiers of faculty in the SOM HS Clinical and Clinical-X series for appointments, accelerations, appraisals, career reviews, promotions, and terminations. SOMCAP makes recommendations for these academic actions to the HS Academic Affairs leadership. SOMCAP also reviews non-salaried clinical faculty files for appointment and promotion to the Associate or Full Professor ranks.  Term Length: 3 years	Bi-monthly	36
<b>School of Medicine (SOM) Committee on Educational Policy (CEP)</b>	Reviews curricular and educational policy issues for medical students, and related graduate medical education, continuing medical education, allied health education, and medical school Ph.D. training activities.  Term Length: 3 years	Monthly	18
<b>School of Medicine (SOM) Comprehensive Longitudinal Equitable Assessment and Reporting Committee – Group A (CLEAR-A)</b>	Provides assessment and reporting of medical student performance through review of students' academic records and professional behaviors. The Committee determines standards for commendation of exceptional success, identifies students at risk of failing, and student standing. It designs remediation activities for students experiencing academic difficulty. The Committee meets quarterly for 2-4 hours on <u>Friday</u> mornings. Most committee members will also spend 1-4 hours per quarter in pre-review of student files or in meetings with students.  Term length: 3 years	Quarterly	8 - 16
<b>School of Medicine (SOM) Comprehensive Longitudinal Equitable Assessment and</b>	Provides assessment and reporting of medical student performance through review of students' academic records and professional behaviors. The Committee determines standards for commendation of exceptional success, identifies students at risk of failing, and student standing. It designs remediation activities for students experiencing academic difficulty. The	Quarterly	8 - 16

<b>Reporting Committee – Group B (CLEAR-B)</b>	<p>Committee meets quarterly for 2-4 hours on <u>Mondays</u>. Most committee members will also spend 1-4 hours per quarter in pre-review of student files or in meetings with students.</p> <p>Term length: 3 years</p> <p><i>Please note that this committee mirrors the structure of CLEAR-A and was established to assist in managing the workload.</i></p>		
<b>School of Medicine (SOM) Core Curriculum Committee (CCC)</b>	<p>Reviews and recommends curriculum required of all undergraduate medical students to the Committee on Educational Policy (CEP).</p> <p>Term Length: 3 years</p>	Bi-monthly	36
<b>School of Medicine (SOM) Electives Committee (EC)</b>	<p>Makes recommendations to the Committee on Educational Policy (CEP) concerning elective requirements for satisfactory completion of the undergraduate medical student curriculum, including the Independent Study Project (ISP). Evaluates and reviews current and new proposals for elective courses and their administration, new preclinical electives, third and fourth-year electives, SOM graduate course proposals. The EC is also responsible for reviewing new graduate course proposals.</p> <p>Term Length: 3 years</p>	Monthly	18
<b>School of Medicine (SOM) Graduate Medical Education Committee (GMEC)</b>	<p>Ensures that clinical graduate training programs offered by departments of the SOM meet institutional and national performance standards, including ACGME and American Board of Medical Specialties (ABMS) standards.</p> <p>Term Length: 3 years</p>	Monthly	12+
<b>School of Medicine (SOM) Graduate Programs Education Committee (GPEC)</b>	<p>Monitors and make recommendations on: 1) SOM financial and other support of graduate programs; 2) SOM learning environment for graduate students, postgraduate academic trainees and medical students pursuing research; 3) new SOM graduate programs or major changes or expansions in existing programs; and 4) performs reviews of new and existing SOM courses that would pertain only to graduate students, and not medical students.</p> <p>Term Length: 3 years</p>	Monthly	18
<b>School of Medicine (SOM) Recruitment and Admissions Committee (RAC)</b>	<p>Members participate in Multiple Mini-Interview (MMI) sessions that include personal interviews with eligible medical school candidates and a post-MMI debriefing meeting. General members of RAC may be asked to serve on the Executive Committee after two years of RAC service.</p> <p>Executive Committee members of RAC review applicant files for interview selection and determine the conditions for admission to the UCSD School of Medicine, including, but not</p>	Variable	24

	<p>limited to, the educational requirements, policies and procedures for selection, the timing of acceptances and recruitment strategies.</p> <p>Nominations to participate on this committee are coordinated by RAC administrator.</p> <p>Term Length: 2 years</p>		
<p><b>School of Medicine (SOM) Standards Committee (SC)</b></p> <p><i>Formerly known as the Standing and Promotions Committee (SPC)</i></p>	<p>Focuses on the academic performance of students in both clinical and non-clinical courses. Quarterly examines the records of all students with an unsatisfactory performance and makes decisions regarding the future course of action for such students. It also examines the records of each student prior to graduation and certifies to the HS Faculty Council that the requirements for the MD degree have been met. The SC shall examine the performance of students who may be at risk of not meeting the MD program requirements or the SOM's Technical Standards.</p> <p>Term Length: 3 years</p>	Variable	18-36
<p><b>School of Medicine (SOM) Student Affairs Committee (SAC)</b></p>	<p>SAC deals with student affairs issues in the SOM, other than those concerned with the admissions process or academic performance. This includes supporting student life activities, and promoting a healthy learning environment, utilizing the philosophy that optimal well-being and morale of medical students contribute to their academic and developmental success as future physicians.</p> <p>Term Length: 3 years</p>	Bi-monthly	12

## Herbert Wertheim School of Public Health and Human Longevity Sciences

*The committees within HWSPH are **open only** to faculty members who have appointments within the school.*

Program/Committee Name	Description	Frequency	Approximate Hours/Year
<b>BS degree in Public Health (BSPH) Steering Committee</b>	Provides direction of the BSPH program including overall direction, size, requirements to join major, curriculum (development & reviews of courses), instructor selections and review, student concerns, programs reviews / accreditation, diversity, outreach / marketing, integration with other programs, etc.	Monthly	30
<b>Biostatistics Graduate Program Committee</b>	Overall direction of Biostatistics PhD and MS programs including size, curriculum (development & reviews of courses), integration between degrees and with other programs, instructor review, student concerns, programs reviews / accreditation, diversity, outreach / marketing, etc.	Quarterly	6
<b>Biostatistics Masters / Admissions Committee</b>	Sets admissions requirements at the degree program level, application deadlines, applicant review process and scoring / selection, offers, data analysis of applicants to inform recruitment strategies, program sponsored fellowships (scholarships), etc.	Bi-annually	17
<b>Master of Public Health (MPH) Admissions Committee</b>	Sets admissions requirements for the degree program, application deadlines, applicant review process, scoring, selection, and offers; data analysis of applicants to inform recruitment strategies, program sponsored fellowships (scholarships), etc.	Quarterly	36
<b>Master of Public Health (MPH) Curriculum Committee</b>	Review, development, integration of curriculum including course content review and adjustment, instructor review, student concerns, need for new courses or ending courses, reviewing new concentration proposals, integration with other programs' curriculum, etc.	Monthly	20
<b>Master of Public Health (MPH) Graduate Committee</b>	Overall direction of MPH program including size, review of curriculum and admissions committees, new program initiatives - concentrations - and degree partnerships, integration with other programs, student concerns, programs reviews / accreditation, external advisors, diversity, outreach / marketing, etc.	2 - 3 per year	9
<b>Master of advanced studies in the Leadership of Healthcare Organizations (MAS LHCO) / Curriculum and Admissions</b>	Overall direction of MAS LHCO program including size, curriculum (development & reviews of courses), admissions requirements, applicant review and selection, instructor review, student concerns, programs reviews / accreditation, diversity, outreach / marketing, etc.	Quarterly	32

<b>Biostatistics PhD Admissions Committee</b>	Sets admissions requirements at the degree program level, application deadlines, applicant review process and scoring / selection, offers, mentor paring, data analysis of applicants to inform recruitment strategies, program sponsored fellowships (scholarships), etc.	Bi-annually	27
<b>Biostatistics PhD Qualifying Exam Committee</b>	Policy and implementation of qualifying exam requirements and process: statistical theory written, biostatistics written, seminar presentation, and oral exams. Evaluation of students for advancement to candidacy. Evaluation of exam committees.	Bi-annually	13
<b>Public Health JDP Curriculum Committee</b>	Review, development, integration of curriculum including partnership with SDSU, course content review and adjustment, instructor review, student concerns, need for new courses or ending courses, integration with other programs' curriculum, etc.	Quarterly	10
<b>Public Health JDP Epidemiology Track Admissions Committee</b>	Tracks applicant review process, scoring and selection, including partnership with SDSU, offers, mentor paring, data analysis of applicants to inform recruitment strategies, etc.	Bi-annually	40 (including application review time)
<b>Public Health JDP Global Health Track Admissions Committee</b>	Tracks applicant review process, scoring and selection, including partnership with SDSU, offers, mentor paring, data analysis of applicants to inform recruitment strategies, etc.	Bi-annually	40 (including application review time)
<b>Public Health JDP Health Behavior Track Admissions Committee</b>	Tracks applicant review process, scoring and selection, including partnership with SDSU, offers, mentor paring, data analysis of applicants to inform recruitment strategies, etc.	Bi-annually	40 (including application review time)
<b>Public Health JDP Steering Committee</b>	Overall direction of JDP program including partnership with SDSU, size, review of curriculum and admissions committees, integration with other programs, student concerns, programs reviews / accreditation, diversity, outreach, etc.	Quarterly	11
<b>School of Public Health Committee on Academic Personnel (SPH CAP)</b>	Review of all salaried Faculty in the HWSPH for appointments, accelerations, appraisals, career reviews, promotions or terminations, and secondary appointment faculty files, contribution to School academic policy and review process.	Variable	12
<b>School of Public Health Committee on Education Policy (SPH CEP)</b>	Represents the faculty of the school in all education program matters including integration between programs' curriculum and administration, new programs - concentrations - tracks - partnerships, discontinuance, instructional and programs space, admissions, curricula, liaising with AS - Graduate/Undergraduate Councils, student concerns and organizations, etc.	Monthly	20



## Skaggs School of Pharmacy and Pharmaceutical Sciences

The committees within SSPPS are **open only** to faculty members who have appointments within the school. Please refer to the [List of SSPPS Committees](#) for more information.

Committee Name	Description	Frequency	Approximate Hours/Year
<b>Academic Oversight Committee (AOC)</b>	Represents the faculty in review of student academic performance, assessment, and advancement through the curriculum of the Doctor of Pharmacy Program. For students with academic difficulty, the committee shall establish standards and processes for remediation of failing coursework. This provides for early detection and intervention of academic and behavioral issues.	Quarterly or as needed	12+
<b>Admissions Committee</b>	Seeks a diverse pool of applicants and admits those who are qualified, highly accomplished, likely to successfully complete our rigorous Pharm.D. Program and make positive contributions to the profession of pharmacy.	Eight Meetings Per Year	32
<b>Alumni Engagement Committee</b>	Serves to enhance alumni engagement, professional and social activities with students through teaching, mentorship, and networking.	Quarterly	8
<b>Assessment Committee</b>	Advises the Dean, Associate Deans and faculty on matters concerning assessment of outcomes related to the school's missions as well as strategic planning outcomes. Ensures ongoing data-driven review of, and accountability for, priorities to support the mission of SSPPS in promoting excellence in pharmacy education, research, community engagement, culture of assessment and improved patient care.	Monthly	18
<b>Committee on Educational Policy (CEP)</b>	Serves to represent the faculty in all educational matters, especially regarding the curriculum for undergraduate, graduate, and continuing education and other aspects of educational policy. It has authority over all educational matters that do not require a vote from the faculty. The committee is charged with continuous assessment and study of the curriculum leading to the Doctor of Pharmacy degree and of the postgraduate professional programs.	Monthly	30
<b>Comprehensive Exam Committee</b>	Maintains and updates a database of questions for use on the required comprehensive exam for the Pharmacy 3 students.	Quarterly	8
<b>Committee on Equity, Diversity, and Inclusion (EDI)</b>	Advances diversity through the implementation of equitable and inclusive practices, including the recruitment and retention of underrepresented faculty, staff, and students. The committee supports faculty, staff and students in the crafting and dissemination of strategies that provide for an inclusive climate, embrace diversity, and promote a culture of accountability with respect for	Quarterly	8

	all. Also partners with campus, professional and community organizations to promote, improve and sustain excellence in EDI practices.		
<b>Faculty Awards Coordination Committee</b>	Serves to identify and coordinate submission of awards for our faculty, and to make recommendations to the Dean of qualified candidates, who support the mission of SSPPS in promoting excellence in pharmacy education, research, community service and patient care.	2 x Per Quarter	15
<b>Faculty Wellness and Engagement Committee</b>	Aims to create a culture of wellness and to foster a strong wellness program within SSPPS. Aims to assess and promote awareness of wellness among the faculty at SSPPS.	Monthly	16
<b>Graduate Education Committee</b>	Provides recommendations to the SSPPS CEP regarding the “Non-Pharm.D.” graduate education program information.	Quarterly	8
<b>SSPPS APPE/IPPE Course Committee (SAICC)</b>	Serves to recommend to the SSPPS CEP, the Advanced Pharmacy Practice Experience (APPE) and Introductory Pharmacy Practice Experience (IPPE) courses, which shall be required of all pharmacy students. The committee shall identify, comment and recommend for approval by the SSPPS CEP: (1) newly proposed courses, and (2) for current APPE and IPPE courses and requirements, review requirements to assess the standards for continued academic/clinical rigor for completion of the Pharm.D. degree and to meet the policies of the SSPPS.	Monthly	18
<b>Skaggs School of Pharmacy and Pharmaceutical Sciences Committee on Academic Personnel (SSPPSCAP)</b>	Reviews new appointments, promotions and accelerated advancements for Clinical X and HS Clinical series faculty, to ensure additional in-depth peer review of the academic file against the series criteria, in order to promote academic excellence.	Quarterly	10

## Health System: Physician Group and Medical Staff Committees

Committee Name	Description	Frequency	Approximate Hours/Year
<b>Advanced Practice Provider Oversight Committee</b>	<ul style="list-style-type: none"> <li>Review new and replacement APP requests, determine appropriate funding category and provide the ECC recommendations for approval or denial of requests.</li> <li>Review approved APP requests 6 months and 1 year after hire to ensure APP is meeting standards noted on initial request forms.</li> <li>Provide recommendations for the transition of existing APP into appropriate funding categories.</li> <li>Review APP clinical utilization to ensure their role is optimized.</li> </ul>	Monthly	6
<b>Ambulatory Leadership Oversight Committee</b>	Develop the design and execution strategy for the ambulatory clinical practice that aligns with the goals, strategies, and mission of UC San Diego Health. Reviews ambulatory policies forwarded by the Policy and Procedure committee and endorses policies prior to Physician Group Board approval. Oversee the implementation of behavior expectations for managing ambulatory care, focusing on physician experience and patient experience. Support continuous improvement in the ambulatory care environment, eliminate barriers to clinical productivity.	Monthly	18
<b>Clinical Compensation Committee</b>	Develop a compensation philosophy and strategy that supports the goals and missions of UC San Diego Health. Ensures Department/Division Faculty and physician leadership compensation programs align with the UC San Diego Health strategy, goals and mission and support and promote the tripartite mission - clinical care, teaching and research. Develops recommendations regarding the support and evaluation of all practice enhancers, including Residents, Fellows, and APPs. Annually reviews and approves department/division faculty and APP compensation programs after plans have been vetted by the Technical Review Committee. Counsel and support department chairs on issues related to recruitment and retention. Ensure programs include appropriate compensation for research, teaching, and other academic activities and amount of funding for these academic efforts are identified together with performance expectations.	Monthly	18
<b>Executive Governing Board</b>	<p>The Governing Body of UC San Diego Health (UCSDH) has several key responsibilities:</p> <ul style="list-style-type: none"> <li>Oversight of Clinical Operations: This includes monitoring the performance of various entities within UCSDH, such as the Physician Group, Board of Governors, Council of Clinical Chairs, Faculty Leadership Council, and Medical Staff Executive Committee (MSEC).</li> </ul>	Monthly	24

	<ul style="list-style-type: none"> <li>• Ensuring Clinical Quality and Patient Safety: The Governing Body collaborates with the Medical Staff to oversee activities related to clinical quality, patient safety, and peer review.</li> <li>• Approval of Strategic Plan: They are responsible for overseeing and approving the strategic plan of UCSDH.</li> <li>• Credentialing and Privileging of Medical Staff: This involves determining eligibility criteria for medical staff appointment, appointing members based on recommendations from MSEC, and ensuring high standards of character, competence, training, experience, and judgment.</li> <li>• Approval of Medical Staff Bylaws and Regulations: They approve and monitor compliance with Medical Staff Bylaws, Rules, and Regulations, ensuring alignment with state and federal laws and accreditation standards.</li> <li>• Brand Architecture and Marketing Oversight: Approval and oversight of UCSDH brand architecture and overall marketing plan.</li> <li>• Financial Stability and Compliance: Ensuring the financial stability of UCSDH, compliance with regulatory and accreditation requirements, and provision of necessary resources for clinical operations.</li> <li>• Other Legal and Accreditation Responsibilities: Fulfilling any additional responsibilities mandated by federal or state laws or accreditation standards, such as Medicare Conditions of Participation for Hospitals, Title 22 of the California Code of Regulations, and The Joint Commission governance standards.</li> </ul>		
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<b>Executive Governing Board Finance Committee</b>	<p>The responsibilities and duties of the Committee are to support the Governing Body by reviewing and recommending for approval:</p> <ul style="list-style-type: none"> <li>a. Quality and integrity of the financial statements.</li> <li>b. Accounting and reporting policies and procedures.</li> <li>c. Compliance with legal and regulatory requirements.</li> <li>d. Long-range organizational financial plan including operating and capital forecasts.</li> <li>e. Annual operating budget and annual capital budget consistent with the long-range financial plan and financial policies.</li> <li>f. Review annual independent audit report, disclosures, and management letters.</li> <li>g. Disclosure controls and procedures.</li> <li>h. Internal controls over accounting and financial reporting processes including shared indexes between campus, School of Medicine, and UCSDH.</li> <li>i. Internal controls over structure and management practices.</li> <li>j. Shared services budgets and allocation methodology.</li> <li>k. Strategies for operational excellence, value development and cost containment, particularly as it pertains to clinical practice.</li> <li>l. Strategies for providing financial transparency and communication of financials across the enterprise.</li> <li>m. Strategies relating to UC Health Leveraging Value for Scale initiatives; and,</li> <li>n. Financial performance of joint ventures and strategic affiliations.</li> </ul> <p>The Committee will conduct its responsibilities and duties in partnership with other boards and committees within the UCSDH clinical enterprise.</p>	Monthly	18
<b>Medical Staff Executive Committee (MSEC)</b>	The MSEC (Medical Staff Executive Committee) is granted comprehensive authority by the Medical Staff to oversee its operations. In collaboration with the Chief of Medical Staff, the MSEC is tasked with various responsibilities, including supervising Medical Staff functions, coordinating committee and service activities, establishing criteria for membership and privileges, overseeing peer review activities, evaluating practitioner performance, and making recommendations to the Executive Governing Body. Additionally, the MSEC ensures compliance with regulations, oversees the development and implementation of bylaws and policies, reports on quality improvement programs, and takes actions in the best interests of the Medical Staff and UCSDH.	Monthly	24
<b>Medical Staff Professionalism Committee</b>	To address professionalism issues in the clinical space.	Quarterly	4
<b>Physician Group Board</b>	Govern the operations and financial outcomes of the clinical entity which includes ambulatory based clinical operations. Develop a philosophy and strategy for ambulatory operations, faculty and professional compensation and professional standards that aligns with the goals, mission and strategies of UC San Diego Health and School of Medicine, ensures exceptional patient and	Monthly	18

	provider experiences and quality performance, opportunities for improved department financial performance and eliminate barriers to clinical productivity. Oversee the financial performance of PG including overhead cost and management structure for clinical ambulatory services. Define operating targets and evaluate performance against these targets. Oversee outcome of the Board created committees. Approve policies that have been endorsed by Ambulatory Operations Committee.		
<b>Physician Wellness Committee</b>	<p>This committee evaluates faculty, medical students and residents with issues including depression, burn out, mental illness or substance abuse.</p> <p>Contact: <a href="mailto:physicianwellnessadmin@health.ucsd.edu">physicianwellnessadmin@health.ucsd.edu</a></p>	Monthly	12
<b>Physician Wellness Oversight Committee</b>	<p>Receives recommendations for programmatic and resource decision from the Physician Wellness Steering Committee.</p> <p>Contact: <a href="mailto:physicianwellnessadmin@health.ucsd.edu">physicianwellnessadmin@health.ucsd.edu</a></p>	Quarterly	4

## Affiliate: Veteran's Affairs

For inquiries regarding various committees at the VA, please contact Carmen Crawford, Program Specialist for the Chief of Staff ([Carmen.Crawford@va.gov](mailto:Carmen.Crawford@va.gov)).

Committee Name	Description	Frequency	Approximate Hours/Year
<b>Research And Development Committee (RDC)</b>	A key purpose of the RDC is program development, risk management, and quality and performance activities.	Bi-monthly	36
<b>Institutional Review Board (IRB)</b>	The IRB is concerned with protecting the welfare, rights, and privacy of human subjects. It has the authority to approve, disapprove, monitor, and require modifications in all research activities that fall within its jurisdiction as specified by both the federal regulations and institutional policy.	Bi-monthly	36
<b>Institutional Animal Care and Use Committee (IACUC)</b>	Oversees the institutions animal care and use program and is responsible for reviewing all animal use protocols, ensuring compliance with VA and other regulations, inspecting animal facilities and laboratories, and overseeing training and educational programs.	Monthly	36
<b>Subcommittee On Research Safety and Security (SRSS)</b>	The SRSS is responsible for conducting or ensuring adequate review and oversight of all proposed research, training, teaching, or testing activities that involve hazardous agents when such activities involve VASDHS Research or VA research of another VA facility under an authorized Memorandum of Understanding.	Bi-monthly	36
<b>Institutional Biosafety Committee (IBC)</b>	The IBC is the VA Committee that reviews all work involving non-exempt recombinant or synthetic nucleic acid molecules that is conducted at the VA facility, whether funding is administered by VA, UCSD, or Veterans Medical Research Foundation (VMRF), as outlined in the NIH Guidelines for Research Involving recombinant or synthetic nucleic acid molecules.	Quarterly	24
<b>Research Space Committee</b>	Evaluates research space and its distribution at the VA.	Monthly	12
<b>Telehealth Oversight Committee</b>	To ensure an interactive forum for development, maintenance, and expansion of all clinical telehealth modalities to optimize Veteran care as mandated by the Office of Connected Care.	Quarterly	4
<b>Inpatient Care Council Charter</b>	Ensures that inpatient care delivery processes are patient centered, efficient, and cost-effective.		
<b>Ambulatory Care Committee</b>	To ensure the coordination and integration of ambulatory care services in support of high quality, patient-centered, accessible, and efficient care.	Monthly	12

<b>Compounded Sterile Products (CSP) Advisory Committee</b>	VASDHS CSP Advisory Committee (CSP-AC) assesses product management systems on an ongoing basis, and makes recommendations to adhere to applicable directives, regulations, and policies including, but not limited to, USP 797, USP 800, Joint Commission, and VHA Directive 1108.12, Management and Monitoring of Pharmaceutical Compounded Sterile Preparations.	Quarterly	4
<b>Disruptive Behavior Committee (DBC)</b>	The Disruptive Behavior Committee (DBC) is an integral component of the VA San Diego Healthcare System (VASDHS) Prevention and Management of Disruptive Patient Behavior Program. The purpose of the DBC is to receive Disruptive Behavior Reporting System (DBRS) reports regarding disruptive behavior exhibited by Veterans, family members or visitors.	Monthly	12
<b>VASDHS Employee Threat Assessment Team (ETAT)</b>	The VASDHS ETAT mission is to develop programs and supporting policies that disseminate and promote knowledge, skills, and appropriate use of evidence-based, data-driven processes for assessing, mitigating, and managing employee behaviors that compromise the safety and effectiveness of the VASDHS workplace.	Monthly	12
<b>Geriatric Extended Care Committee</b>	Improve continuity of care for our geriatric Veterans by facilitating coordination and communication between the clinical leadership of our local geriatric, extended care, and community programs and the Network 22 Geriatric Executive Council (GEC).	Monthly	12
<b>Infection Prevention and Control Committee (IP&amp;CC)</b>	The mission of the VASDHS Infection Prevention and Control Committee (IP&CC) is to identify and reduce the risks of infections in patients, visitors, and healthcare workers at VASDHS.	Monthly	12
<b>Medical Records Committee Charter</b>	As part of the Performance Improvement Program, the Medical Record Committee identifies opportunities for continuous quality improvement through ongoing monitoring and evaluation of medical records, computer-based or otherwise, for completeness, accuracy, accessibility, and timely completion of information.	Monthly	12
<b>Pharmacy And Therapeutics (P&amp;T) Committee Charter</b>	To promote safe, effective, and cost-effective use of pharmaceuticals and ensure actions of the facility align with evidence-based medicine and strategic initiatives established by National VHA Pharmacy Benefits Management (PBM) and Veterans Integrated Service Network (VISN) Pharmacy Benefits Management (PBM).	Monthly	12
<b>Procedure And Anesthesia Care Council</b>	To ensure that surgical and procedural care are performed safely and effectively, and in accordance with applicable standards and policy.	Monthly	12
<b>Pain Management Council Charter</b>	The goal of the Pain Management Council is to develop a comprehensive, integrated, system-wide approach to pain management that reduces pain and suffering and improves quality of life for Veterans experiencing acute and chronic pain associated with a wide range of injuries and illnesses, including terminal illness. The Council will implement the VHA Pain Management Strategy (VHA Directive 2009-053), review VACO Pain Management Guidelines and ensure		



	coordination and ongoing monitoring of the VASDHS pain management activities and processes in compliance with evidence-based standards of pain management and adherence to The Joint Commission standards.		
<b>Reusable Medical Equipment Committee Charter</b>	To develop and implement standardized policies that will result in comprehensive interdisciplinary management and oversight of Reusable Medical Equipment (RME) throughout the VA San Diego Healthcare System (VASDHS) in order to support optimal healthcare delivery.	Monthly	12
<b>VASDHS Community Care Oversight Committee</b>	The VASDHS Community Care Oversight Committee will review and monitor community care data and performance; discuss the cost of care in the community; review practices and develop action and implementation plans as needed. The committee will also provide guidance on Community Care initiatives at the local, VISN and national levels.	Monthly	12
<b>VASDHS Radiation Safety Committee Charter</b>	The Radiation Safety Committee (RSC) reviews the performance of the Radiation Safety Program and discuss issues relating to the safe and compliant use of sources of ionizing radiation at VASDHS.	Semi-annually	
<b>Women's Health Committee Charter</b>	The primary role of the Women's Health Committee is to improve the quality of VASDHS services provided to female veterans by reviewing performance data specific to women's services and care and using such data as the basis for recommending resource allocations, overseeing the achievement of strategic goals, and supporting performance improvement projects pertaining to female veterans.	Monthly	12

## Affiliate: Rady Children's Health San Diego (RCHSD)

*Please consult with your department chair/division chief regarding obtaining memberships from these committees.*

Committee Name	Composition	Duties	Frequency	Meeting Duration
<b>Anti-Coagulation Task Force</b>	Appointed by the RCH Chief Quality & Safety Officer, representatives of the Pharmacy and Divisions of Critical Care, Hematology, and Neonatology, plus nursing leadership from each area.	Oversight of orders, order sets, guidelines, education, and monitoring of all anticoagulation therapy.	At least quarterly	1 hour
<b>Bioethics Committee</b>	Ten medical staff members, one ethicist, one registered nurse, one chaplaincy member, one medical social worker, one quality management staff, one representative from legal, one hospital administrator, and at least one non-hospital local community member.	Provide oversight to the Bioethics Consultation Service, and provide assistance, advice, and education for hospital personnel.	Quarterly	1 hour
<b>Board of Governance Committee</b>	Executive Director of the Medical Foundation (Chair); Chair of UCSD Department of Pediatrics & Hospital Physician-in-Chief (Co-Vice-Chair); Chief Operations Officer of the Medical Practice Foundation (Co-Vice-Chair); Surgeon-in-Chief; four clinically-oriented physician leaders (2 surgical, 2 medical); CSSD VP of Medicine; CSSD VP of Surgery; Hospital Regional President; Chief Medical Officer; Chief Financial Officer; VP, CFO of the Medical Practice Foundation.	Review, evaluate, and oversee the services provided by Medical Foundation.	Monthly	2 hours
<b>Board of Governance Operations Committee</b>	Executive Director of Medical Foundation (Chair); CSSD Medical Group Executive Administrator; CSSD Medical Group VP of Medicine; CSSD Medical Group VP of Surgery; VP, COO of Medical Foundation; VP, CFO & Administrative Officer; COO of the Hospital; UCSD Department of Pediatrics Administrator.	Oversee and manage the daily operations of the Medical Foundation as delegated by the Governance Committee.	Weekly	1 hour
<b>Bylaws Committee</b>	Chief of Staff, Chief of Staff-elect, Immediate Past Chief of Staff, and at least two members from different sections of Pediatrics and Surgery. Immediate Past Chief of Staff serves as Chair.	Ongoing review of the Medical Staff bylaws and initiating recommendations from MSEC.	Annually	2 hours

<b>Cancer Committee</b>	Board-certified representatives of specialties involved in cancer care, plus representatives from administration, clinical care, social services, and Tumor Registry.	Oversight of educational/consultative conferences, patient care evaluations, tumor registry, and review of treatment modalities.	Quarterly	2 hours
<b>CLABSI Taskforce</b>	Appointed by the RCH Chief Quality & Safety Officer, representatives from Critical Care, Hematology, Hospital Medicine, and Neonatology, plus nursing leadership.	Oversight of care guidelines, education, monitoring, outcomes, and policies regarding central venous catheters.	Monthly	1 hour
<b>Clinical Practice Committee</b>	One representative from each medical and surgical division, appointed by division chiefs.	Oversee practice and policies related to all ambulatory clinical practice at RCH.	Monthly	1 hour
<b>Code Blue &amp; Rapid Response Committee</b>	Physician leaders from Emergency Medicine, Critical Care, Neonatology, Anesthesia, Cardiology, Hospitalist Service, Nursing, Pharmacy, Respiratory Therapy, CHET, and Quality Management.	Contribute to quality of care during code blue and rapid response processes.	At least quarterly	1 hour
<b>Credentialing Committee</b>	Department Chairs, AHP Committee Chair, one member from each department, plus representation across specialties. Chief of Staff-elect serves as Chair.	Evaluate qualifications of applicants for appointment, reappointment, or changes in staff categories.	Monthly	1 hour
<b>CSSD Board of Directors</b>	Medical and Surgical Division Chiefs and Clinical Directors.	Manage the business and affairs of the Corporation and exercise corporate powers.	Monthly	2 hours
<b>CSSD Board of Directors Executive Committee</b>	CSSD President, RCH PIC and SIC, CSSD VP of Medicine and Surgery, three surgical subspecialists, and four medical subspecialists.	Make day-to-day management decisions between regularly scheduled Board meetings.	Monthly	2 hours
<b>CSSD Finance Committee</b>	CSSD President; CSSD VP of Medicine; CSSD VP of Surgery; CSSD Secretary; CSSD Treasurer; and six physician members appointed by the President.	Oversee financial affairs, advise Board on fiduciary responsibilities, and assist with financial policies.	Monthly	1 hour
<b>Health Information Medical Advisory Committee</b>	At least ten Medical Staff representatives across departments, plus nursing, administration, and HIM leadership. Chaired by Chief Medical Information Officer.	Provide input on EMR and health information systems; advise MSEC on healthcare technology issues.	At least quarterly	1 hour
<b>Infection Control Committee</b>	Representatives from Surgery, Pediatrics, Pathology, Pulmonology, Infectious Diseases, Nursing, Administration, and Epidemiology.	Develop and oversee a hospital-wide infection control program.	At least quarterly	1 hour

<b>Joint Compliance Committee</b>	Physician members appointed by division chiefs.	Coordinate and provide oversight and guidance on joint compliance issues of common interest.	Quarterly	1 hour
<b>Joint Quality Committee</b>	At least 10 members approved by BOGC, broadly representative of medical and surgical specialties.	Ensure adoption of comprehensive quality plans, assist BOGC in oversight, accreditation, and regulatory compliance.	Monthly	1 hour
<b>Medical Staff Executive Committee</b>	Medical Staff officers, Pediatric and Surgical Department Chairs, Section Chiefs, two elected members at large, and Medical Staff member-at-large to the Governing Body.	Oversee operations of the Medical Staff.	Monthly	2 hours
<b>Medical Staff Executive M&amp;M/Professional Practice Committee</b>	Chief of Staff (Chair), Chief of Staff-elect (Vice-Chair), Immediate Past Chief, Surgery Chair, Pediatrics Chair, Professional Practice Oversight Chair, plus non-voting members (Quality, GME, others).	Oversee peer review process of departments and sections.	Monthly	2 hours
<b>Pharmacy &amp; Therapeutics Committee</b>	At least five Medical Staff reps, plus representatives from Pharmacy, Care Areas, and Administration.	Formulate and oversee policies for drug use, safety, procurement, storage, and distribution.	Monthly	1 hour
<b>Physician Well Being Committee</b>	Majority practitioners including Chair; at least three active Medical Staff members; may include a psychologist if no psychiatry representation.	Receive and review reports on physician health and well-being; provide advice, counseling, or referrals.	Monthly	1 hour
<b>Quality Improvement Committee</b>	Chair or designee of each department, reps from care areas, Quality, Medical Staff Services, Pharmacy, Pathology, Utilization, and Administration.	Evaluate hospital service quality and make recommendations to MSEC and administration.	Monthly	1 hour
<b>Revenue Cycle Committee</b>	At least 10 members appointed by BOGC, representative of specialties and revenue cycle administration.	Oversee and evaluate Foundation revenue cycle services and resolve physician/division issues.	Monthly	1 hour
<b>Solid Organ Transplant Committee</b>	At least one Surgery staff from liver, renal, and cardiac transplant teams; members from Nephrology, GI, Cardiology, Anesthesiology, and Critical Care.	Oversee quality of care for solid organ transplant patients.	Quarterly	1 hour
<b>Transfusion Committee</b>	Representatives of medical services using blood, blood products, and transfusion medicine services.	Oversee quality of hemotherapy care and transfusion processes.	At least quarterly	1 hour

<b>Trauma Advisory Committee</b>	Trauma Medical Director, Critical Care Medical Director, Trauma Services Director, Clinical Coordinator, Registrar, and active Staff from Surgery, Ortho, Neuro, EM, Anesthesia, Critical Care, Radiology.	Contribute to quality of care for trauma patients.	Monthly	1 hour
<b>Wellness Advocacy Committee</b>	At least three Medical Staff members, Chair of Wellbeing Committee, and other members appointed by Chief of Staff.	Promote workplace culture supporting work-life integration, health, and professional satisfaction.	At least quarterly	1 hour