

April 16, 2002

TO: Professor Susan Fisher, Secretary of the Senate
Professor Marilyn Blackwell, Chair of Faculty Council
Members of the Council on Academic Affairs
Members of Rules Committee

FROM: Barbara R. Snyder, Vice Provost for Academic Policy and Human Resources

RE: Response to Faculty Council recommendations on the clinical faculty proposal

In preparing this response, I consulted with Dean Nancy Rogers of the Moritz College of Law and Senior Associate Dean Steve Mangum of the Fisher College of Business.

1. **The appointment cap.** A 10 % cap will be too small for the College of Law, which has five or six staff attorneys (one each for the criminal clinics, the civil clinics, the juvenile clinics, the mediation clinics, and the legislation clinic, as well as the student housing clinic which is run by a director who now has an adjunct faculty appointment) already and a faculty of about 40. The proposal of Faculty Council would allow the College of Law to have 4.6 clinical faculty positions when they need to have 6. OAA's proposal includes a 20% cap of the tenure-track faculty (rather than the total faculty). This is not a large difference; according to Professor Mumy's calculation (attached), 20% of the tenure-track faculty equals 16 2/3% of the total faculty.
2. **The appointment cap as applied to TIUs.** I agree that the cap should be applied to TIUs and colleges and have changed the OAA proposal (48-03) accordingly. The present rule applies the cap to TIUs in the health sciences.
3. **Request for data.** OAA already provides these data for tenure-track faculty (the report is run at the end of autumn quarter each year). With the new software upgrade that will be operational this spring, OAA will be able to provide these data for regular clinical faculty as well. Data on auxiliary faculty will be available from the Office of Human Resources department of Management Information, Analysis and Reporting. If the proposed rule is adopted by the Senate and approved by the Board, I suggest that all of these data be transmitted to the Senate in December each year.
4. **Non-reappointment.** I agree that clinical faculty should be given reasons for non-renewal. The original proposal in section 48-07(D), like the current rule in 47-09(B)(5), requires the same standards of notice as for tenure-track faculty, and refers to 47-08. Subdivision C of 47-08 states, "In the event of a decision resulting in

- nonrenewal, the chair shall notify the faculty member in writing of that decision and the reasons for it.” As the OAA proposal already contains this requirement, no change is necessary.
5. **Benefits.** Regular clinical faculty already receive the same benefits as faculty. No change is necessary.
 6. **Transfers from tenure track to clinical track.** OAA keeps track of these transfers and will provide annual data on the number of transfers by college and by department. The number of transfers each year is very small.
 7. **Approval of clinical faculty proposals.** The Steering Committee had previously requested language in 48-04 which was added in January. That addition states, “Proposals must comply with guidelines promulgated by the council on academic affairs and will be reviewed according to criteria specified by the council on academic affairs.” In the absence of a request from Steering, that language remains in the OAA proposal. I inserted a shorter version of the proposed language in paragraph 7 of the memorandum from Professor Blackwell. I changed the last phrase in the proposed additional language, “clinical faculty would teach only clinical courses” to “clinical faculty would teach primarily clinical courses” so that colleges need not go through the process of giving adjunct appointments to clinical faculty in order to avoid the rule.
 8. **Impact on the health sciences colleges.** I do not believe that the health sciences colleges should be exempted from the rule. The definition of clinical teaching that is adopted in the rule should be applicable to all clinical faculty. Because of the much greater need for clinical faculty in the health sciences colleges, the cap applied to those colleges should be preserved at the current level.

cc: President William E. Kirwan
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