

November 14, 2002

Fred Sanfilippo  
College of Medicine and Public Health  
200 Meiling Hall  
370 West Ninth Avenue  
Columbus, Ohio 43210

Dear Dean Sanfilippo;

Over the past several weeks the members of Faculty Council (among other constituencies of the Ohio State University Senate) have discussed COMPH's proposal for a complete elimination of the current University-wide cap on clinical faculty as a percentage of total faculty in academic departments. In these discussions we have sought to find a way to balance, on the one hand, COMPH's particular needs, arising from its special mission as a major provider of health care in central Ohio, and on the other, the need to protect the governance rights of University faculty and to maintain and enhance the quality of the University's academic programs, of which COMPH forms a component. One outcome of these discussions is that a number of specific issues have repeatedly surfaced, with many members of the Faculty Council expressing the view that we do not have sufficient information at this point about either the motivation for, or outcomes for governance and implementation of, the complete elimination of the clinical cap.

In order to help us take a fully informed position with respect to COMPH's request, we are therefore passing on to you the major areas where members of the Faculty Council feel further clarification of the proposal is indicated:

- (1) Just as a point of basic information, it would be very useful for us to have a clearer idea of which departments are 'clinical' in nature, i.e., bearing especially heavy patient care and clinical teaching demands.
- (2) In previous statements to the Trustees, COMPH requested 34 new positions, presumably based on a realistic assessment of their needs for the immediate future and possibly beyond. A number of Faculty Councilors have argued that this number would be met simply by removal, or even further relaxation of the cap solely for the clinical departments, leaving the cap in place for the

basic science departments. It would be helpful if we had a clearer idea of just what numbers and methods were used to project the need for the much larger number of clinical positions that COMPH is *now* asking for. We are aware of the stated reasons for the cap elimination request accompanying the COMPH proposal, viz., to generate enough income to pay for the new heart hospital; to release tenure track faculty from (some) patient care responsibilities so that they can spend more time on research (see the following query), and to improve the student faculty ratio (and thus improve rankings). But these generalizations need to be fleshed out in order to make clear just why a complete elimination of the cap is necessary.

- (3) In connection with (2) above, we believe that it is necessary for us to have a more specific idea of what percentage of these additional clinical faculty's efforts will be spent teaching, practicing medicine, and so on. A fuller description of what the responsibilities of these faculty are would make it easier for Faculty Council to understand the basis for COMPH's request.
- (4) Given the fact that, during the extended discussion in 2001-2002 of COMPH's request for an extended probationary period for tenure evaluation, COMPH's Senate representatives stressed the need for tenure-track faculty to have ample time to fulfill both their research and clinical responsibilities, does COMPH's current initiative with respect to the clinical cap now represent a shift in your requirements for tenure-track faculty?
- (5) One urgently pressing question bears on the kinds of issues which will be within the scope of clinical faculty voting rights. In particular, we are very concerned about what kinds of curriculum decisions faculty whose primary responsibility is clinical teaching and patient care will be able to vote on. A major (but not the only) component of our concerns is whether the policy COMPH envisages in this area will have potential consequences for its academic reputation.
- (6) We would also appreciate getting a better idea from you of what it is about these positions that request the title of Clinical Professor rather than Adjunct Professor or House Physician or other title.
- (7) Finally, we are also anxious to get a sharper picture of the institutional effects of implementing this proposal, especially in the context of wider University policy. For example, given the general University requirement that all academic units must have at least 10 tenure-track faculty members, what will the clinical-to-tenure-track faculty members wind up being, on the assumption that COMPH intends to maintain all its departments as TIUs with the minimum number of tenure-track faculty members? And if COMPH does *not* intend to maintain certain departments as TIUs, what plans does it have for redefining their status?

We believe that clarification of these recurring questions will enable us to bring out review of COMPH's request to a speedy conclusion in which the needs of all parties concerned are balanced and satisfied to the maximum degree possible. Thanks very much for your assistance with this matter.

Sincerely,

Stan Ahalt, Chair  
University Senate Steering Committee

J. Briggs Cormier, President  
OSU Council of Graduate Students

Gene Mumy, Chair  
OSU Faculty Council

cc: Karen Holbrook  
Ed Ray  
Caroline Whitacre