

To: Vice-Provost Barbara Snyder
From Marilyn Blackwell, Chair of Faculty Council
Date: April 13, 2002
Re: Clinical Faculty Proposal

Dear Barbara:

First, I want to apologize again for having taken so long to get back to you about Faculty Council's recommendations on the revised clinical faculty proposal. We addressed it in fully three different meetings over a month-and-a-half period and only concluded our deliberations last Thursday. However, various other commitments for both Faculty Council and the GEC committee in addition to my normal teaching and departmental responsibilities have prevented my getting to this during the intervening week. I do very much appreciate your patience. Faculty Council's recommendations and concerns are as follows. They were all approved either unanimously or with, at most, two dissenting votes.

1. The Appointment Cap: Faculty Council is of the view now as with the original iteration that the appointment cap should be kept at 10% of the total faculty. *Rationale:* Because clinical faculty do not, of course, cover the (in many cases) quite extensive ranks of non-tenure-eligible faculty (instructors, lecturers, and so on) and because we have not had accurate data on the numbers of lecturers and instructors at the university, a 10% cap would better ensure that regular faculty remain at least 80% of the total faculty.

2. The Appointment Cap in Colleges or Departments: Faculty Council recommends that in addition to a 10% cap on clinical faculty in each college, there be a 15% (of the regular faculty) cap for each department. *Rationale:* There is a concern that, if only a college cap is instituted, individual departments may, through the college's decreasing the percentages in other units, have much higher percentages of clinical faculty.

3. Request for Data: In conjunction with its concern about rising numbers of non-tenure-eligible faculty, Faculty Council would be very grateful if OAA could provide it annually with copy of data delineating department-by-department how many faculty there are in the categories of regular faculty, clinical faculty, and other non-tenure-eligible faculty. We understand, of course, that this might be a somewhat difficult task given departmental hirings of, say, visiting professors and such, but are confident that the computerization of records will vastly facilitate the dissemination of this information.

4. Non-reappointment: We think it is appropriate for deans to provide, on the occasion of non-reappointment, compelling reasons for that decision. *Rationale:* Because clinical faculty, unlike tenure-eligible faculty, have no individual or committee through whom they can appeal non-reappointment, they at the very least, in our view, deserve to be provided with substantial reasons for this decision.

5. Benefits: Clinical faculty ought to be provided with the same benefit package as regular faculty. *Rationale:* As full-time employees of the university, they deserve the same benefits as other full-time employees.

6. Transferring from tenure-track to clinical track: Any transfers from tenure track to clinical track will be approved by both the department chair and the dean. Furthermore, a faculty- or University Senate-centered process needs to be developed to monitor transfers so as to guarantee that assure that faculty are not being pressured into transferring. (see number 7 below)

7. Approval of clinical faculty proposals: Because the potential for abuse of the clinical faculty designation is so considerable, we suggest the following language for inclusion in the rule. It was developed by a committee of faculty from the colleges that have thusfar indicated an interest in applying for clinical faculty “rights” (of which we know)—the Law School and the Fisher College of Business—and also included a faculty member from the College of Medicine and Public Health:

I. Proposals for clinical faculty must include the following components and may include any additional criteria developed through consultation with the Committee on Academic Freedom and Responsibility:

(1) A definition of the role in teaching and scope of professional practice of the clinical faculty, identifying specifically how those differ from duties normally assumed by regular faculty.

(2) Identification of the educational requirements for appointment to the position of clinical faculty, including appropriate terminal degrees in the profession and any specific credential or licensure requirement.

(3) A description of the setting of engagement (the clinic) for training people in professional practice, including:

(a) A description of the client base to be served by the professional practice

(b) Student populations who will receive practical training in the clinic

(c) Location of the clinic

(d) Identification of courses for which students will register to receive credit for their learning in the clinic

(4) A list of courses that could be taught by clinical faculty, including the relationship of each course to the general curriculum. The expectation would be that clinical faculty should teach courses either directly involving or directly leading supervised practice in the clinic and that clinical faculty would teach only clinical courses.

II. The oversight for the clinical faculty program shall lie with the Committee on Academic Freedom and Responsibility.

We would add that there is precedent for including in a University Rule change language stipulating what proposals must contain; the abolition of units proposal, for instance, contained just such stipulations about the content of proposals.

8. Impact on current clinical faculty: Quite a number of faculty from COMPH and other Health Sciences colleges attended these discussions and expressed considerable concern as to the impact of the proposal on current clinical faculty. This concern led to overwhelming support from Faculty Council for a motion that it be understood that the new proposal does not alter in any way current clinical faculty programs.

Again, I thank you for your patience and very much hope that you find these points helpful. I would, of course, be happy to discuss them with you at your convenience.

Marilyn Blackwell