

MEMORANDUM

To: Board of Regents
From: Board Office
Subject: Revision of University of Iowa Clinical Track Policy
Date: July 7, 2000

Recommended Action:

Approve the revised University of Iowa Clinical Track Policy and the Faculty Senate Constitution.

Executive Summary:

In February 1995, the Board of Regents approved the Clinical Track Policy. This policy reflects the University's need to retain the flexibility to adjust its programs to meet the changing needs of students and society. The policy accomplishes this by setting parameters within which individual colleges could develop policies and procedures permitting non-tenure track clinical faculty to be appointed and promoted. The policy was to be reviewed no later than five years following its implementation and that review was undertaken in the fall of 1999.

Each college was asked to review its use of the clinical track, focusing on two key concerns: 1) fair and equitable treatment of clinical track faculty in the appointment, review, promotion, and extension of contract procedures, and 2) academic freedom of the faculty on the clinical track, relative to their teaching, research, and clinical service activities. The colleges were asked to address how, and to what extent, the Clinical Track Policy has been implemented (including a description of the primary work responsibilities of clinical track faculty – teaching and service); the extent to which the college had studied/reviewed implementation of the Clinical Track Policy; problems that had been detected and steps taken to address those problems; and the college's recommendation concerning whether the Clinical Track Policy should be continued and if so, what changes in the policy should be made (including expanding the maximum size of clinical track faculty, which is now set at a maximum of 20%).

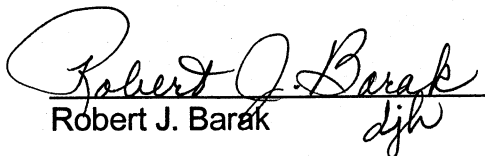
The collegiate reviews were forwarded to a central task force made up of faculty and administrators who conducted a "review of the collegiate reviews," soliciting additional campus-wide faculty input. This task force made recommendations to the Faculty Council/Senate regarding the Clinical Track Policy.

At its meetings on April 4, 2000 and April 25, 2000, the University of Iowa Faculty Senate adopted several resolutions pertaining to the University's Clinical Track Policy. First, the Senate recommended certain changes designed to clarify the role and responsibilities of the clinical track in the Clinical Track Policy itself, including eliminating the University-wide cap on the percentage of clinical track faculty in favor of a policy permitting collegiate discretion on that question. Second, the Faculty Senate approved changes in the Senate Constitution to limit clinical track faculty participation in Senate governance. Finally, the Senate recommended a number of steps that it felt would improve the implementation of the Clinical Track Policy at the collegiate level.

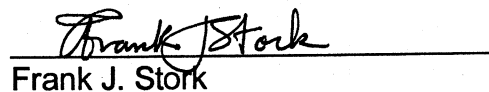
There are basically six changes being proposed as follows:

- Clarify the obligations and use of clinical faculty. [10.9.b]
- Require approval of a majority of the tenure/tenure-track faculty and the clinical-track faculty within the college to increase the percentage of clinical track appointees within the college. [10.9.(1)]
- Demonstrate that artistic or scholarly achievement shall not be a requirement for reappointment or promotion of clinical track faculty. [10.9.(2)]
- Require the development of collegiate policies for the participation of clinical track faculty in collegiate government. [10.9.i.(2)]
- Limit the number/percentage of clinical track faculty from a college serving as Senators on the Faculty Senate (amends the Faculty Senate Constitution).
- Specify certain note requirements for approval of amendments to the Faculty Senate Constitution with respect to clinical track faculty.

Attached is the Clinical Track Policy (with proposed amendments marked) for Board approval.


Robert J. Barak

Approved:


Frank J. Stork

1. Faculty Senate's Recommended Changes in the Clinical Track Policy.

[Necessary action: Requires approval of the Vice President for University Relations, the General Counsel, President Coleman and the Board of Regents.]

CLINICAL TRACK POLICY, WITH PROPOSED AMENDMENTS
UI Operations Manual III-10.9

10.9 CLINICAL TRACK POLICY.

(Regents enacted 2/15/95)

Preamble. Consistent with the University's need to retain the flexibility to adjust its programs to meet the changing needs of students and society, nontenure-track clinical faculty may be appointed and promoted as provided below. This policy sets parameters within which individual colleges can, but are not required to, develop policies and procedures that permit the hiring of clinical faculty. Operationally it is similar to the tenure policy, in that collegiate policy would amplify University policy and would be approved by the Provost.

a. Definitions. Clinical faculty hold service positions through which they contribute to the service, teaching, and/or outreach missions of the University, and hold faculty rank at instructor, assistant professor, associate professor, or professor. Clinical faculty are not eligible for tenure. They participate in the faculty governance process as described below and as defined by individual colleges and the Faculty Senate.

b. Role of clinical faculty. All clinical faculty must devote a significant portion of their time to providing or overseeing the delivery of professional services to individual patients or clients. In addition, teaching students, residents or fellows of the University at the undergraduate, graduate, professional or postgraduate level is an essential job function for all faculty (whether tenured, tenure-track or clinical). Thus, clinical faculty are expected to integrate the delivery of their professional services with their teaching. While the use of clinical faculty is most easily conceived in the context of health sciences and law where faculty are involved in the delivery of professional services to patients and clients, there are other disciplines in other colleges where the use of clinical faculty for similar purposes may be entirely appropriate. The services provided by clinical faculty outside of the health science colleges should be the professional equivalent of services provided to patients. The use of clinical faculty largely to perform administrative functions with little or no teaching obligations is inconsistent with this policy. Similarly, it is inappropriate to use clinical track faculty largely to engage in research, scholarship, or artistic creation.

b. c. Types of Appointments. As used herein, "clinical faculty" can hold one of two types of appointment within the University:

(1) Salaried appointments. Clinical faculty may hold salaried positions as employees of The University of Iowa. These faculty participate in faculty governance as defined by the college and Faculty Senate, receive usual faculty benefits, and undergo periodic reviews of their performance. ~~No more than 20~~

percent of the total salaried faculty in any college (FTE) may hold such appointments, although individual colleges may set lower percentage limits. Each college adopting a clinical track policy shall fix the percentage of its total salaried faculty that may hold clinical track appointments without limitation. However, any proposal made at any time to increase the percentage of clinical track appointments within a college (including an initial proposal to create a clinical track) must obtain both the approval of a majority of the tenured/tenure track faculty within the college and the approval of a majority of the clinical track faculty within the college by a referendum supervised by the Associate Provost for Faculty. Any such proposal must also be approved by the Provost.

(2) Nonsalaried appointments. Other clinical faculty may hold nonsalaried positions with the University, but they are not considered employees of the University. These clinical faculty contribute in a material way to the University's missions, although their obligations are more limited in scope than salaried faculty. They do not participate in faculty governance and do not receive salary or benefits outside of nominal remunerations. However, recognizing their contributions with a "clinical faculty" designation denotes the importance of their teaching and service functions. There is no limit on the number of such nonsalaried clinical faculty who can be appointed within individual colleges.

e. d. Terms of Appointments.

(1) Salaried appointments. Salaried clinical faculty are searched for and appointed through recruitment processes also used to search for tenure-track faculty. (See III-9 Appointments.)

Initial appointments for salaried clinical faculty are one to three years in duration. After three years, or prior to that if a promotion is contemplated, a full-scale, departmental-collegiate review will be made. This review should take into account the faculty member's demonstrated effectiveness in fulfilling teaching and service missions. It should also include an evaluation of the departmental, collegiate, and University educational and service goals and the likely role of the faculty member in the future in achieving those goals. To assure unified decision-making at this point, full central administration review of the departmental-collegiate recommendation is necessary.

After a positive review, salaried clinical faculty will receive terms of appointment dependent on the rank. Instructors will receive two-year appointments; assistant professors, associate professors, and professors will receive three- to seven-year appointments. Faculty will be reviewed on a schedule commensurate with their appointments according to written standards of competence and performance defined by their unit.

(2) Nonsalaried appointments. Nonsalaried clinical faculty are appointed pursuant to procedures adopted by individual colleges and approved by the Office of the Provost.

d. e. Qualifications for Specific Ranks. The ranks of clinical faculty shall be assigned as defined below, and in accordance with collegiate policies.

(1) Instructor.

(a) Promise of ability in service, to include but not be limited to clinical service.

(b) Promise of ability to contribute to teaching.

(2) Assistant Professor.

(a) Evidence of ability in service, to include but not be limited to clinical service.

(b) Evidence of ability to contribute to teaching.

(3) Associate Professor.

(a) Acknowledged record of service and teaching success.

(b) Evidence of progress toward a record of professional productivity beyond clinical service, as defined by the college.

(4) Professor.

(a) Acknowledged record of service and teaching success.

(b) An established record of professional productivity beyond clinical service, as defined by the college.

(c) Unmistakable evidence of recognition by peers, as defined by the college.

(5) Demonstration of artistic or scholarly achievement shall not be a requirement for reappointment or promotion of clinical track faculty.

~~e.~~ f. Titles. All titles of clinical faculty shall contain the term "clinical" as a modifier. Exact titles must be stipulated in college procedures and approved by the Office of the Provost.

~~f.~~ g. Promotion.

(1) Salaried clinical faculty. The question of promotion of clinical faculty may be brought up during any regular promotions cycle. Promotion of salaried clinical faculty will follow the same procedures as for tenure-track faculty. All recommendations for promotion of salaried clinical faculty are submitted to the Board of Regents for approval.

(2) Nonsalaried clinical faculty. Procedures and criteria for the promotion of nonsalaried clinical faculty shall be adopted by individual colleges and approved by the Office of the Provost. The provisions of III-10.5 and those regarding salaried clinical faculty described herein do not apply.

~~g.~~ h. Termination and Non-renewal.

(1) Salaried Clinical Faculty.

(a) Termination of salaried clinical faculty during the term of the appointment must be for failure to meet written standards of competence and performance established by the unit and the University.

(b) A decision not to renew an appointment of a salaried clinical faculty member may be for failure to meet written standards of competence and performance established by the unit and the University, or for changed economic circumstances or program needs such that the position itself is terminated. Non-renewal for changed economic circumstances or program needs may only occur at the conclusion of an appointment, and must carry appropriate notice.

(c) Notice of non-renewal of appointment, or of intention not to recommend reappointment after a stated period has elapsed, is given in writing in accordance with the following standards:

(i) Not later than March 1 of the first year of service, if the appointment expires at the end of that year; or if a one-year appointment terminates during an academic year, at least three months in advance of its termination.

(ii) Not later than December 15 of the second year of service, if the appointment expires at the end of that year; or the appointment terminates during an academic year, at least six months in advance of its termination.

(iii) At least twelve months before the expiration of an appointment after two or more years of service in the institution.

(d) A decision for termination or non-renewal of salaried clinical faculty is subject to the provisions of the Faculty Dispute Procedures. (See III-29.)

(2) Nonsalaried clinical faculty. Grounds and procedures for the termination or non-renewal of nonsalaried clinical faculty shall be adopted by individual colleges and approved by the Office of the Provost. Decisions to terminate or not renew nonsalaried clinical faculty appointments will be reviewed by the dean of the college in which the faculty member was appointed. However, because nonsalaried clinical faculty are not considered employees of the University, such decisions are not subject to the provisions of the Faculty Dispute Procedures.

h. i. Collegiate Policies and Guidelines.

(1) Every college that plans to offer salaried, non-tenured clinical faculty appointments must develop its own written policy statement with respect to such appointments, subject to approval by its own faculty and by the Provost.

(2) The resulting policy statement will provide detailed guidelines for every relevant item in this Section on "Clinical Faculty." In the development of a policy statement, the following elements should be addressed:

(a) Participation in collegiate faculty governance. Policies for the participation of clinical faculty in collegiate faculty governance, including in the hiring of tenure and clinical track faculty, will be developed by each college using its usual governance procedures, provided, however, that no such governance policy shall permit clinical track faculty to vote on the reappointment, tenure or promotion of any tenured or tenure track faculty member.

(b) Procedures for appointment, reappointment, and promotion.

(c) Criteria for appointment, reappointment, and promotion.

(d) Participation in peer review for appointment, reappointment, and promotion of other faculty.

(e) Teaching. If the college defines "teaching" as training or instruction given to individuals or small groups while service is delivered, then that limited definition will apply to the evaluation of teaching for appointment, reappointment, and promotion purposes.

(f) Professional productivity beyond clinical service.

i. j. This policy shall be reviewed not later than five years following its implementation.

2. Faculty Senate's Recommended Changes in the Senate Constitution.

[Necessary action: Requires approval by President Coleman and by the Board of Regents.]

PROPOSED AMENDMENTS TO FACULTY SENATE CONSTITUTION
UI Operations Manual I-2.8(2)c(2) & I-2.8(2)(f)

c. The University Faculty Senate.

(1) Powers and Duties . * * *

(2) Composition. The Senate consists of at least one representative from each college except the Graduate College, and additional representatives based on the number of faculty members in each college eligible to vote under paragraph e of this Constitution. *
* *

Besides the representatives elected as specified above, who may (except as otherwise provided in this paragraph) hold either tenured, non-tenured, or salaried clinical appointments to the faculty, the Senate also includes eight [probationary] representatives * * *. No more than 20% of the senators from any college, or one senator, whichever is greater, may be clinical track faculty of that college.

* * *

f. Amendments. Amendments to this constitution may be initiated by 1) persons having the right of the floor in the Senate, or 2) petition to the Senate by at least ten faculty members.

An amendment becomes effective when approved by 1) a majority of those voting in the Senate, 2) a majority of those voting in a faculty referendum, 3) the President of the University, and 4) the Board of Regents, provided, however, that in the case of any amendment to Article II, paragraph 2 [Operations Manual 1-2.8(2)c(2)]—regarding the limitation on representation of clinical track faculty to 20% of the representatives from any college—the required vote of the Senate shall be a 3/5 affirmative vote of those voting.