To: University Faculty Council
From: Kathy Warfel and Ed Greenebaum
Date: February 23, 1996
Subject: Clinical Ranks

A "Working Draft" of two resolutions relating to clinical ranks issues was distributed with the Agenda for the UFC's February 27 meeting. Benefitting from the discussions of clinical ranks during the last year, we have attempted in the draft a provisional accommodation of the diverse needs of our schools and perceptions of the implications of clinical ranks for the University's mission. We have decided to postpone attempting another, and for us final, draft of these resolutions until we can have the benefit of the Council's debate of outstanding issues. We recognize that others will have proposals for change in this Working Draft, either at this UFC meeting or between it and our March 26 meeting. We will distribute our final draft, which we will submit as a motion, by March 8, and those expecting to propose amendments should put them, if at all possible, on the UFC listserv by March 19. In this memo, we explain the orientation which informs this draft and specify some issues which may require further development.

As we have come to see it, the issues surrounding clinical ranks reflect a tension between two models of "clinical faculty," which we will refer to as the "academic" and "human resources" models.

1) *In the academic model,* those hired in clinical ranks are individuals who are believed capable of demonstrating themselves (if they have not done so already) to be outstanding clinicians and teachers of clinical expertise and skills. They are hired in first instance in a process that involves faculty scrutiny, and they are retained beyond the probationary period on a rigorous demonstration that a tenure-like commitment to them is warranted. While clinical faculty do not undertake the full range of work of tenure-track faculty, they are, nevertheless, entrusted with important roles in faculty governance and administration within their schools and departments, based both on their expertise and the independent judgment which their professional status and secured position assure. Continued performance at high levels is maintained, as it is for faculty generally, by the influence of the community's culture and by merit dependant rewards. Such individuals will, except in rare instances, continue to perform at high levels throughout their careers. Dismissal or non-reappointment of clinical faculty retained beyond the probationary period on any standard that is not susceptible of review by an independent and disinterested hearing board of faculty peers is inconsistent with the academic model.

2) *In the human resources model*, staff are hired, retained, and managed with a primary view to the economic success of the enterprise. Staff loyalty and morale are positive values in this view, and providing a certain amount of security may be necessary to those ends. Further, the institution must maintain conditions of employment susceptible of attracting and retaining qualified staff. The former consideration is one of psychology and the latter of market, but their relation to the mission of the institution in both instances is a matter of economics. And consistent with these factors, administration retains the maximum discretion to manage staff (including dismissing them) according to the institution's economic needs. We understand that the health care industry is aggressively adopting this model.

Our Working Draft adopts the academic model, both because we believe this model is most consistent with the University's mission (as traditionally understood and as expressed in the Strategic Directions Charter) and because we understand the schools which use clinical ranks, including the School of Medicine, to believe that model will best serve their interests.

Two unresolved issues (from our point of view):

1) Do the limitations on non-reappointment contained in the draft's last paragraph adequately respond to all of the professional school's programmatic needs, including economic challenges which our adoption of the academic model cannot wish away. The Working Draft makes clear that clinical rank faculty may be dismissed in the instance of down-sizing or elimination of programs, and we make clear that there should be no expectation or entitlement to placement in another position or program in such circumstances. But circumstances might call for staffing changes outside of these conditions. For example, suppose a particular clinic isn't downsized or eliminated, but its focus and/or technology shifts to require different clinical expertise. We may want to further revise the standards for dismissal and non-reappointment for clinical faculty on long-term contract beyond the probationary period, perhaps treating dismissal and non-reappointment separately and reflecting more programmatic concerns in the non-reappointment standards. At the same time, we may specify that non-reappointment decisions must be made with faculty consultation and underscore that they are subject to faculty grievance mechanisms.

2) The Working Draft does not make clear how the standards for faculty decision making and percentage limitations regarding clinical ranks apply to multi-campus schools. Similarly, authority and limitations are not clear in the situation of a department with clinical training which is part of a larger school (or division or campus) that is not generally clinically oriented. These issues have come to the surface only recently, and we do not yet have a resolution of them to propose.

We look forward to the Council's discussion of these and other issues.