

INDIANA UNIVERSITY

CLINICAL RANKS

(By action of University Faculty Council: March 26, 1996)

(Adopted by Board of Trustees: June 11, 1996)

Resolution #1: That the following statement be approved by the University Faculty Council and printed in the *Academic Handbook*. (The explanatory comments in brackets are not part of the text but should be included with the published policy.)

THE PURPOSE AND USE OF ACADEMIC RANKS

The academic work of Indiana University is done by individuals holding academic appointments in different categories. Each tenured and tenure-probationary faculty member has responsibilities in the areas of teaching, research, and service. Full-time academic appointees holding other ranks generally have responsibilities in some, but not all, of the three areas. Associate instructors, part-time faculty, and volunteer faculty also play an important role in our academic programs. While all academic appointees make valuable contributions to achieving the mission of the University, the ultimate responsibility for the integrity of the academic programs of the institution and the authority for university faculty governance lie with those who have tenured and tenure-probationary appointments. It is critical to the productive use of resources in our efforts to achieve academic excellence and safeguard the basic nature of the University that the purpose and definition of each type of academic rank be clearly understood and that academic ranks be used appropriately. The chief academic officer and the faculty governance body on each campus will review each year the use of all academic ranks in the academic units on that campus, and each January they will issue a report to the chief academic officer of the University and the University Faculty Council.

[UFC Agenda Committee Comment: The tenuring process requires that faculty demonstrate their understanding of, competency in, and dedication to the University's diverse missions in teaching, research, and service; tenure allows the faculty member to exercise the independent judgment in academic governance that is critical to the well-being of the institution. Tenure-probationary faculty are appointed with the expectation that they will demonstrate the abilities pertaining to all the University's missions that will qualify them for tenure. Accordingly, it is the tenured and tenure-probationary faculty in whom the University vests the ultimate responsibility for the integrity of its academic programs. The review of the use of academic ranks should include not only the numbers of individuals in each rank in each academic unit and the functions assigned to them, but also other aspects of the use of ranks as directed by the campus chancellor and faculty governance body, such as demographic information, trends over time, and the appropriateness of rank assignments. In the course of analyzing the use of ranks, the inappropriate use of academic ranks is likely to be discovered, and it is expected that some transitional period of adjustment in faculty appointments will be necessary.]

Resolution #2: That the language regarding clinical ranks in the *Academic Handbook* on pages

15-16 (June 1992 edition) be replaced with the following language in regular print. (The explanatory comments in brackets are not part of the text but should be included with the published policy.) Note: This resolution was amended by the University Faculty Council in the adoption process to provide for a UFC review of the operation of these new clinical ranks regulations after three years.

CLINICAL RANKS

I. Definition and Use of Clinical Ranks; Limitation of Numbers of Clinical Ranks Appointees

The prefix "Clinical" is used for appointees with the rank of Lecturer through Professor who may be appointed as full-time salaried, part-time salaried, or volunteer members in positions where their primary duties are teaching students and residents/fellows and providing professional service in the clinical setting. The following policy applies to the full-time clinical rank faculty, and in the text below the term "clinical rank faculty" is meant to indicate full-time clinical rank faculty. The part-time and volunteer clinical rank faculty are covered by other provisions governing part-time academic appointments.

Clinical rank faculty may be involved in research which derives from their primary assignment in clinical teaching and professional service; however, continued appointment and advancement in rank must be based on performance in teaching and service.

[UFC Agenda Committee Comment: Clinical rank faculty teach and practice full-time in the clinical professional setting. It follows that appointments to clinical ranks will be limited to academic units (and departments within academic units) in the professional-client service disciplines. Clinical rank faculty may contribute to the research efforts of a unit through their clinical work, but they are not expected to do individual research. Faculty who, in addition to teaching and service, have portions of their time allocated to doing research for which they are a principal or co-principal investigator, who have research laboratories, or who are otherwise expected to do individual research should be in tenured / tenure-probationary positions. While individual faculty members hired in tenure-probationary ranks may switch to the clinical ranks during the first five years of their probationary period, such a switch must involve giving up the research component of their faculty work, except for their clinical role in collaborative research trials. Clinical ranks are not intended as a means of retaining tenure-probationary faculty members who will not be able to demonstrate the performance levels in teaching, research, and service required for the granting of tenure.]

The maximum number of full-time, salaried, clinical rank faculty in the health sciences schools shall be determined by vote of the tenured and tenure-probationary faculty of the School, provided that the tenured and tenure-probationary faculty shall constitute no less than 60% of the full-time faculty of the school. The maximum number of full-time, salaried, clinical rank faculty in other schools shall be determined by vote of the tenured and tenure-probationary faculty of each school, provided that such clinical appointees shall represent no more than 20% of the total full-time faculty of each school.

[UFC Agenda Committee Comment: Having the majority of full-time faculty holding tenured and tenure-probationary ranks will help protect the basic academic nature of the institution. Although in the health sciences schools, up to 40% of full-time faculty could be non-tenured / tenure-probationary faculty (including clinical rank faculty, research scientists, lecturers, and some other non-tenurable academic appointments), the percentage will not necessarily be that high, and setting the percentage of clinical rank faculty in the school remains under the control of the tenured / tenure-probationary faculty. Similarly, other schools may have up to 20% clinical faculty in the full-time faculty ranks, but only by decision of the tenured / tenure-probationary faculty in the school.]

These standards do not specify how they apply to multi-campus clinical discipline schools or to departments with clinical training which are part of a school (or division or campus) that is not generally clinically oriented. In principle, authority to make decisions and limitations on numbers regarding clinical faculty should apply to the academic units which independently maintain clinical programs. Thus, in the case of a clinical department in a generally non-clinical school, the department would be the relevant unit. Similarly, if an academic unit that has been an integral part of a multi-campus school becomes substantially independent, the newly autonomous unit would be the relevant faculty. However, structural circumstances vary so widely across the University that drafting standards that would be most appropriate for all academic units has not been possible. Conflicts which may arise regarding the application of these standards should be resolved through procedures established for the resolution of University structure issues. This comment applies as well to authority to decide questions of "Rights and Privileges" and the terms of long-term contracts for clinical faculty retained beyond the probationary period, as provided below.]

II. Rights and Privileges

Clinical rank faculty are expected to follow and be protected by University policies, including those pertaining to faculty hiring and faculty annual reviews. The faculty salary policies of the University, campus, school, and department shall apply to clinical rank faculty. Clinical rank faculty have the right to petition the campus faculty board of review. Clinical rank faculty are not eligible for University sabbatical leave, but schools may provide sabbatical-like leaves for their clinical rank faculty to provide opportunities for professional learning and collaboration with colleagues.

Participation in University and campus faculty governance is governed by the *Constitution of the Faculty of Indiana University* and the faculty constitutions on each campus. The role of clinical rank faculty in governance within the school shall be determined by vote of the tenured and tenure-probationary faculty of the school. The academic integrity of the school and its programs ultimately are the responsibility of tenured and tenure-probationary faculty. The rights of clinical rank faculty and the regulations concerning their roles within each school shall be written and available to the school faculty. A copy of all rights and regulations shall be filed with the campus chief academic officer and with the campus faculty governance body.

[UFC Agenda Committee Comment: The University Faculty Constitution defines the voting faculty as "all faculty members on tenure or accumulating credit toward tenure." The

Constitution further states that "the voting members of individual campuses may extend voting privileges to others on matters of individual campus significance." The rationale for the distribution of rights and privileges is to leave the responsibility for the preservation of the most basic academic interests of the institution in the hands of those with the greatest protection of their academic freedom for the purposes of teaching, research, and service--including the service of faculty governance; i.e. those with tenure. Clinical rank faculty otherwise should have as many faculty privileges as is consistent with their qualifications and responsibilities.]

Clinical rank faculty are not eligible for academic administrative appointments at and above the department chair level.

[UFC Agenda Committee Comment: The integrity of the academic programs will be best served by requiring that those individuals holding administrative appointments with direct authority for academic programs have the full range of academic qualifications associated with the tenure track, as well as the fuller protection of academic freedom that tenure provides.]

III. Appointment and Advancement

Initial appointment in the clinical ranks should be at the level of rank appropriate to the experience and accomplishments of the individual. The process for appointment to clinical rank probationary status or to clinical rank with a long-term contract shall go through the ordinary procedures for faculty appointments. Promotion in rank should go through the normal faculty procedures appropriate to the unit of the University, including peer review by the primary, unit, and campus promotion (and tenure) committees. The criteria for promotion in the areas of teaching and service shall be the same for tenured / tenure-probationary faculty and for clinical rank faculty. The clinical rank faculty shall not be evaluated in the area of research.

IV. Protection of Academic Freedom

Clinical appointees are not eligible for tenure; however, in order to protect their academic freedom, individuals appointed as full-time clinical rank faculty shall be given long-term contracts after a probationary period of not more than seven years. The exact mechanism for this shall be determined by the dean and the faculty governance body within each school using the clinical faculty ranks and be approved by the chancellor, but the mechanism should be a long-term contract of not less than five years or be some equivalent, such as a rolling three-year contract. The criteria for granting long-term contracts after a probationary period shall be the same as the criteria for granting tenure, except that clinical rank faculty shall earn the right to a long-term contract on the basis of their excellence in teaching and/or service only. Each school will establish procedures and specific criteria for review of individuals concerning the renewal of long-term contracts or their equivalent.

Clinical faculty appointments during the probationary period shall be subject to the same policies and procedures with respect to appointment, reappointment, non-reappointment, and dismissal as apply to tenure-probationary faculty during the probationary period. Dismissal of a clinical rank faculty member holding a longer term contract after the probationary period may occur because of closure or permanent down-sizing of the clinical program in which the faculty member

teaches and serves; otherwise, dismissal of such clinical faculty shall occur only for reasons of professional incompetence, serious misconduct, or financial exigency. Non-reappointment of clinical faculty may occur for the foregoing reasons or may occur as well for reason of changing staffing needs of the clinical program. Non-reappointment decisions regarding clinical faculty holding a longer term contract after the probationary period must be made with faculty consultation through processes established by the school's faculty governance institutions. The jurisdiction of campus faculty grievance institutions include cases of dismissal and non-reappointment of clinical faculty.

[UFC Agenda Committee Comment: The University is not obliged to relocate within the institution clinical rank faculty whose positions are eliminated because of closure, permanent down-sizing, or changing staffing needs of their clinical programs.]