Attachment A

MEMORANDUM

TO: Provost, Jon Whitmore, President of the Faculty Senate, Jonathan Carlson

FROM: Ad Hoc Committee to Review Clinical Track Policy (Patricia Clinton, Vicki Grassian, David Johnsen, Susan Johnson, Sheldon F. Kurtz, Teresa Mangum and Mary Stone)

DATED: March 24, 2000

RE: Review

EXECUTIVE SUMMARY

1 This Committee was appointed to review the University's clinical track policy. As
2 conceived by the recommendations of this Committee, all clinical faculty in all colleges at a
3 minimum must have a teaching and professional service obligation. Thus, of the three requirements
4 expected of tenure track faculty—teaching, research and service, including professional service
5 where appropriate to a college, only the first and last would be required of clinical track faculty
6 under the recommendations of this Committee. However, under the clinical track policy, colleges
7 are free to impose additional evaluation requirements relating to research and scholarship for
8 purpose of promotion through the ranks.
9
10 The Ad Hoc Committee appointed to review the Clinical Track Faculty Policy (Operations
11 Manual III 10.9) finds that the clinical track faculty continues to provide important teaching and
12 professional service for students of, and non-students served by, the University and, therefore,
13 should be continued. The Committee also finds that to some important degree the role in faculty
14 governance for tenure/tenure track faculty (with its commitment to, and expectations of, teaching,
15 research and service as traditionally understood within the professorate and at this University) and
16 the clinical track faculty (with a different commitment and expectation of the same) should differ to
17 assure that the values and goals of the tenure system are fully preserved.
18
19 Consistent with these findings, the Committee recommends that:
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21 (1) The University continue to have a clinical track faculty and that the clinical track
22 policy be continued with the changes suggested in this review.
23
24 (2) Each college of the University be authorized to increase the percentage of
25 clinical track faculty for the college if approved by the majority of both its tenure/tenure track
26 faculty and its clinical track faculty voting separately.
27
28 (3) Each college of the University having a collegiate clinical track policy should
29 revise its existing policies for the following purpose: (1) to delineate more clearly the role of
30 research, scholarship, or other professional productivity, if any, in the promotion criteria for
31 clinical track faculty, (2) to set forth clearly the role of clinical faculty within the collegiate
32 governance structure, including the hiring of tenure track and clinical track faculty, and (3) to
33 distinguish the types of research, scholarship, or other professional productivity necessary for
34 successful promotion of both its tenure and clinical tracks. The collegiate revisions should be
35 adopted in accordance with the college's existing governance structure. Any college adopting a

clinical track policy in the future should be required to adopt policies satisfying this recommendation.

(4) The University's clinical track policy be revised to clarify the dual teaching and professional service obligation of clinical faculty.

(5) The University's clinical track policy be revised to require a super majority vote of the Faculty Senate to make future changes to the policy.

(6) The Faculty Senate Constitution be revised to limit the number of clinical faculty from any college who may serve in the University Faculty Senate to 20% of the college's elected Senators.

(7) The recommendation to permit colleges to increase the size of their clinical faculty be conditioned upon adoption of the recommendations in paragraphs (5) and (6).

Both the recommendations and rationale for them are more fully set forth below in the following report of this Committee.

REPORT OF THE AD HOC COMMITTEE TO REVIEW THE CLINICAL TRACK POLICY

The undersigned, Patricia Clinton, Clinical Assistant Professor in the College of Nursing, Vicki Grassian, Associate Professor in the College of Liberal Arts, Department of Chemistry, David Johnsen, Dean of the College of Dentistry, Susan Johnson, Associate Dean of the College of Medicine, Sheldon F. Kurtz, Professor in the College of Law, Teresa Mangum, Associate Professor in the College of Liberal Arts, Department of English, and Mary Stone, Associate Professor in the College of Medicine, Department of Dermatology, were appointed by Provost Jon Whitmore following recommendations from the Faculty Senate Officers to review the University's Clinical Track Policy in III 10.9 of the University's Operations Manual, a copy of which is attached to this report. This policy was adopted by the University in 1995 following consideration and approval by both the Faculty Council and the Faculty Senate.

The concept of a clinical track faculty was initiated by the College of Medicine and much of the discussion in the Faculty Council and Faculty Senate focused on its impact on that College. The need for the policy, which this Committee finds unchanged, was stated by then Vice-President Manasee to be "internal service needs and community-based needs."[1] As conceived and explained, when the policy was adopted, the expectation was that clinical faculty would be hired by the College of Medicine but that the then current tenure-track faculty could also switch to the clinical faculty track with the then stated plan being that "three years be allowed for switch."[2] In common with the discussions within this Committee and even today within the broader campus community, the then Faculty Council and Faculty Senate, although voting in favor of the policy, expressed concerns. They included concerns over the impact of the clinical track on the traditional tenure system generally and the role of clinical faculty in faculty governance. They also included concerns over the question of whether women would be overly represented in the clinical track and whether a clinical track faculty member could serve as a DEO and yet, under University policy, not vote in a tenure or promotion decision.[3] Because of these concerns, as finally approved, the policy specifically provides that it be reviewed "not later than five years following its implementation."

The charge to the Committee was as follows:

1. Should the clinical track be continued beyond the original five-year approval period?

2. What are the strengths and weaknesses of the current policy as it has been used throughout the University?

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[1]Minutes of Faculty Council of 12/13/94.

[2]Id.

[3]While the policy ultimately did not address that issue, then Provost Nathan stated that he would not approve a Dean or DEO who was not on the tenure track and following that assurance the matter was dropped. See Faculty Senate Minutes of 2/7/95. This Committee believes it would be problematic to permit such DEO participation and, in fact, in violation of existing policy limiting voting to persons equal to or above the rank the candidate for promotion aspires.

3. If it is continued, how can improvements be made in its application?[4]

In reviewing the clinical-track policy and forming our recommendations, the members of this Committee have tried to be especially sensitive to the concerns our colleagues across the university have expressed. We, with our colleagues university-wide, have asked these questions: 1) How can we address the specific challenges faced by the health sciences and by other programs which include patient or client care among their responsibilities while, at the same time, maintaining the traditions and objectives of other Colleges, particularly the College of Liberal Arts? 2) How confident can we be that tenure, our best guarantee that the University will maintain its long-standing commitment to intellectual freedom, will remain secure if the number of clinical faculty increases? 3) How will clinical-track faculty be represented in university governance?

In our discussions of the first two issues, we have been convinced that the colleges in health sciences can function best with a balance of tenure-track and clinical-track faculty. The immense costs of providing patient care, including the demands associated with governmental or accreditation oversight, require unique and creative measures if that mission as well as the teaching and research mission is to be accomplished. At the same time, the great market demand for health care personnel offers clinical-track faculty in these Colleges one form of job security. Therefore, the Committee wants to make very clear as a starting point for discussion that despite many shared objectives that unite faculty in all colleges, we believe that departments with both teaching and professional service obligations to non-students of the University have absolutely distinctive needs. On the other hand, while we support our colleagues who advocate expanding the clinical-track faculty, we do so with the understanding that these changes and rationale for them are not relevant to most departments within the University. In fact, most departments will be best served by tenure-track faculty.

In our discussion of the issue of governance, we again shared concerns with our colleagues across the university. We respect the contributions of all faculty-clinical-track and tenure-track alike. However, the Committee also believes that decisions affecting the faculty and the university as a whole should be largely made by members of the tenured track faculty. Thus, our recommendations seek to limit the role of the clinical track faculty in university-wide governance.

The University policy on clinical track faculty permits each college to decide for itself whether to have clinical faculty within the limitations set forth in the University-wide policy. Eight colleges have actually adopted a clinical track. These are the Colleges of Business, Dentistry, Education, Liberal Arts, Medicine, Nursing, Pharmacy, and Public Health. The Colleges of Engineering and Law have not adopted a clinical track policy. However, the College of Law has seven of its faculty on P and S lines.[5]

In preparing this report and developing its recommendations, the Committee relied primarily on three sets of documents, in addition to the text of the Clinical Track Policy. It relied on

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[4] At the Committee's first meeting with the Provost, it was also stated that in considering any improvements, it would also be appropriate for the Committee to comment upon a proposal to increase the maximum number of faculty within any college on the clinical track from 20 to 30 percent. In light of the proposal of this Committee (See recommendation #4) the Committee does not comment on the 20 to 30% proposal, believing its recommendation to be superior).

[5] In common with the clinical track faculty elsewhere, the College of Law's P and S faculty have both traditional teaching responsibilities in the college as well as the obligation to oversee the delivery of professional services to non-students of the University..

1 the (1) individual policies of the colleges, other than the college of Public Health,[6] which have
2 clinical track faculty, (2) the internal reviews of the clinical track from each college prepared at the
3 request of the Provost prior to the formation of this Committee, and (3) written responses from
4 many faculty throughout the University in response to a solicitation from this Committee.[7]
5
6 In the view of the Committee the health science colleges appear to be using clinical track
7 faculty for the purpose of teaching and providing services to patients. The College of Liberal Arts
8 appears to be using its clinical track faculty in three departments.[8] These three departments use
9 their clinical faculty in ways roughly equivalent to their use in the health sciences in that their
10 clinical faculty oversee students who are providing "professional services" to individual clients
11 who are not otherwise members of the University community. The College of Education has one
12 clinical faculty member who teaches aspiring teachers the required "methods course" and then
13 oversees the placement of these students in the public schools. The College of Business appears to
14 be using its six clinical faculty for administrative purposes with little or no responsibility for the
15 teaching of students at the University.[9] Except for the College of Pharmacy, none of the colleges
16 having clinical faculty exceed the 20% ceiling in the University's Clinical Track policy. The
17 Committee was unclear why the College of Pharmacy has 27% of its faculty on the clinical track.
18 While we initially assumed that this number many have included both salaried and unsalaried
19 clinical faculty, the College's review clearly indicates this is not the case. Thus, it appears that
20 currently the College of Pharmacy is not complying with the University's policy.
21
22 This Committee believes that to the extent clinical faculty are overseeing University
23 students in the delivery of their professional services to persons outside of the University
24 community, that faculty is discharging very important services by way of teaching and clinical
25 service in a manner contributing to the mission of the University of Iowa and the affected colleges
26 and departments. The Committee also finds that in the future there will be greater demand for the
27 skills and talents of a clinical track faculty as the number of patients and clients serviced by the
28 University increases and the amount of government regulation and accreditation committee
29 oversight increases , although not necessarily in all affected units of the University. At least in the
30 Health Science colleges, this Committee's sense is that such faculty are expected to provide a
31 greater percentage of their time in providing patient/client services than is otherwise expected of
32 tenure/tenure track faculty. While the Committee understands that many faculty would have
33 preferred that the clinical faculty qualify for tenure under existing or perhaps modified tenure

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[6]Following the adoption of the University-wide clinical track policy all colleges desiring to hire clinical track faculty were required to develop appropriate policies approved by their faculties and the Provost. To date the College of Public Health does not appear to have done that.

[7]While faculty in all colleges expresses both support and a lack of support for the clinical track, overwhelming the support for the clinical track faculty came from the health science colleges and opposition from faculty within the College of Liberal Arts.

[8]Speech and Audiology, Social Work, and Music.

[9]The Committee is unclear whether the uses of the Colleges of Education and Business are consistent with the anticipated uses of clinical track faculty at the time of the policy's adoption. The Committee believes that the uses by those two colleges, as the Committee understands them, of the clinical track would be inconsistent with Recommendation #3 in this review.

1 standards, it would not be practical or wise at this time to abandon the concept of a clinical track
2 faculty at the University of Iowa.
3
4 The Committee also understands that many faculty do not believe that a clinical faculty
5 would bring to the consideration and resolution of many issues affecting the University the same
6 set of values as a tenured faculty which is committed to teaching, scholarship and service, as those
7 professorial expectations have come to be understood within the professorate. Largely for these
8 reasons, this Committee supports (1) having a clinical track faculty and (2) expanding the ceiling
9 limitations for such faculty but (3) limiting the role of such faculty in University-wide governance.
10
11 In conjunction with this review, the Committee also reviewed the collegiate policies
12 respecting the clinical track faculty. With some minor variations, the collegiate policies roughly
13 correspond to the University's policy or contain language that would not be viewed as inconsistent
14 with the language in the University's policy. Nonetheless, the Committee finds from its review of
15 the collegiate policies and reviews and the written responses of many faculty that confusion exists
16 with respect to the role, if any, of research, scholarship and/or professional productivity in clinical
17 faculty promotion criteria.[10]
18
19 The current University clinical track policy does not expressly require the production of
20 scholarship or research to advance through the ranks. It does require evidence of "professional
21 productivity" "as defined by the college." Some colleges appear to have an express scholarship
22 and/or research requirement; other do not but may have it by implication because of a requirement
23 that a clinical faculty member achieve "national prominence" to be promoted. This Committee
24 struggled with the question of whether scholarship is (as some colleges appear to require) or
25 should be important to advancement though the ranks of the clinical track and, if so, precisely what
26 the nature of that scholarship should be and how it would differ from the scholarship (and the
27 research necessary to produce that scholarship) from that expected of faculty promoted through the
28 tenure/tenure-track rank.
29
30 All of the collegiate reviews reaffirm the collegiate need for clinical faculty to some extent
31 with the health science colleges, in particular, expressing the view that the percentage should be
32 increased from 20-30%.[11]
33
34 The Committee has also sensed some dissatisfaction with the concept of a nonsalaried
35 clinical faculty. As we understand it, these persons are non-employees of the University who
36 provide a valuable preceptorship for students doing work at locations outside of the University.
37 While recognizing that these persons also provide important work for the University and its
38 educational mission, the University policy should be amended to clarify the appropriate titles for
39 such individuals and to assure that their titles and those of the salaried clinical faculty cannot be
40 confused. In this vein, colleges should amend their policies, as necessary, to assure appropriate
41 titling of all salaried and nonsalaried faculty.

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[10]The most extensive review, not surprisingly in light of the size of its clinical faculty, was conducted by the College of Medicine which found some dissonance among the faculty and DEOs regarding the kind of record that would be necessary to advance through the ranks and also found many clinical faculty to be unclear what type of scholarship, if any, would be necessary for promotion.

[11]This number may be nothing more than an expression of support for a proposal that had been developed prior to the formation of this Committee.

The Committee also considered whether any of the concerns raised by the Faculty Council and Faculty Senate at the time of the policy's adoption have come to pass and reports that either they have not occurred or have otherwise been addressed by collegiate and/or senate policies. Those concerns, however, continue to be mirrored in the responses the Committee received from faculty around the University. For example, many faculty expressed the concern that increasing the number of clinical track faculty would undermine the tenure system and the University's commitment to tenure. While the Committee believes that the tenure system remains safely intact, many faculty believe that the clinical track could undermine the tenure system. Therefore, the Committee encourages both the central and collegiate administrations to address this belief by reiterating their commitment to the tenure system.

As already noted, concerns were and have been raised again about the participation of clinical faculty in faculty governance. The Committee finds that the clinical faculty's participation in Univeristy-wide governance to the limited extent now permitted has not disrupted the University or the tenure system.[12] This Committee strongly reaffirms the importance of a tenure/tenure-track professorate at this University. Tenure is designed to assure more than some form of job security. It is absolutely essential if faculty are to be free, and to feel free, to present their ideas in their ongoing search and dissemination of knowledge, even unpopular ideas, through their teaching and scholarship. It is also essential to assure robust faculty participation in the governance of an institution without fear of reprisals.

While it would be desirable, if not preferable, that all teachers at a university be on a tenure track, there are a number of reasons why this is not possible. These reasons largely relate to the economics of running a large multi-faceted educational institution and help explain why at some level and in all colleges of the University there are teachers who are clinical faculty, instructors, adjuncts and lecturers. The necessity to have clinical faculty, however, should not and must not result in an assault on the tenure system if faculties and universities are to prosper. Furthermore, in matters of setting and developing academic policies and procedures and related matters at the University level, the views of the tenure track faculty who have a commitment to, and expectation of, participation in all levels of teaching, scholarship and service, including where appropriate, professional service, should outweigh those of all faculty whose job expectations do not include those requirements to the same level.

In light of the preceding findings and conclusions, the Committee, unanimously except where indicated, recommends that:

1. The University continue to have a clinical track faculty.

2. Each college of the University having a clinical track policy using its usual governance procedures[13] and with approval of the Provost adopt and/or revise its clinical track promotion policies to clearly indicate:

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[12]The Committee has also found that women do not appear to be overly represented in clinical tracks, and clinical faculty have not been appointed DEOs to the best of the Committee's knowledge.

[13]See Recommendation 4 for separate procedures to increase the percentage of clinical track faculty within each college.

1 A. How "a record of professional productivity beyond clinical service" and
2 "unmistakable evidence of recognition by peers," as required for promotion by the clinical track
3 policy, to the rank of Association Professor or Professor is to be demonstrated, and
4
5 B. If, to meet criteria for promotion, research, scholarship or other forms of
6 professional productivity, as conceived by the college, will be required, what types of activities
7 will evidence such research, scholarship or other forms of professional productivity.
8
9 C. If, to achieve that record or recognition, research, scholarship or other forms of
10 professional productivity, as conceived by the college, are or may be required, how the same
11 differs from the research, scholarship or other forms of professional productivity required of
12 tenure or tenure track faculty working their way through the tenure track ranks.
13
14 D. How the type of research, scholarship or other form of professional productivity
15 necessary for successful promotion though both the tenure and clinical tracts are to be
16 distinguished.
17
18 3. Section 10.9 of the University's Operations Manual be amended to provide a new
19 paragraph b. and that subsequent paragraphs be appropriately re-letter. Paragraph b. would read as
20 follows:
21
22 b. Role of Clinical Faculty. Teaching students of the University at either the
23 undergraduate or graduate level is an essential job function for all faculty (whether
24 tenured, tenure-track or clinical). In addition to participating in the teaching mission
25 of the University, all clinical faculty must devote a significant portion of their time
26 to providing or overseeing the delivery of professional services to individuals who
27 are not students of the University. Thus, clinical faculty are expected to integrate
28 professional services into their teaching obligations. While the use of clinical faculty
29 is most easily conceived in the context of health sciences and law where faculty are
30 involved in the delivery of professional services to patients and clients, there are
31 other disciplines in other colleges where the use of clinical faculty for similar
32 purposes may be entirely appropriate. The services provided by clinical faculty
33 outside of the health science colleges should be the professional equivalent of
34 services provided to patients. The use of clinical faculty largely to perform
35 administrative functions with little or no teaching obligations is inconsistent with
36 this policy.
37
38 4. Each college of the University may decide for itself the appropriate percentage of its
39 faculty that may be on the clinical track and the role of its clinical faculty in the college's
40 governance structure. To accomplish this goal:
41
42 A. The Committee recommends that former section (b)(1), re-lettered (c)(1) if
43 Recommendation #3 were adopted, be revised to delete the last sentence thereof and to substitute
44 the following:
45
46 Each college adopting a clinical track faculty policy shall fix the percentage of its total
47 salaried faculty that may hold clinical track appointments without limitation. However, any
48 proposal made at any time after the adoption of this revision of the 1995 Clinical Track
49 Policy to increase the percentage of clinical faculty within a college above the percentage in
50 effect when such proposal or proposals are made (e.g., 20% at the present time) must
51 obtain the approval of both a majority of the tenure/tenure track faculty within the college

and the approval of a majority of the clinical track faculty by a referendum supervised by the Associate Provost for Academic Affairs.[14]

B. The Committee recommends that former section (h)(2)(a) re-lettered (i)(2)(a) be revised to read as follows: "Participation in collegiate faculty governance to be adopted by the college using its usual governance procedures, including the hiring of tenure and clinical track faculty, provided, however, that consistent with existing University policy, no such governance proposal shall permit clinical track faculty to vote on the granting of tenure or promotion to any tenure or tenure track faculty."

5. The Faculty Senate Constitution be revised to add the following: "No more than 20% of the senators from any college may be clinical track faculty of that college" and that other changes be made to that Constitution consistent with this proposal, if necessary.

6. The University's clinical track faculty policy be amended to provide at the end thereof: "This policy may not be revised or amended without a 2/3 affirmative vote of the entire membership of the Faculty Senate whether or not present at the time of the consideration of any proposed revision or amendment."

7. The colleges include with any clinical track policy clear policies relating to the appropriate titling of salaried and nonsalaried clinical track faculty.

8. Recommendation # 4 (relating to increasing the size of the clinical track) be conditioned upon the adoption of Recommendations #5 and #6.[15]

Respectfully submitted on behalf of the Committee:

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Sheldon F. Kurtz, Chair

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.

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[14]Under this language if College A's tenure track faculty next year votes to increase the percentage from 20 to 30, and in the following year seeks to increase the percentage from 30 to 50, both increases would require a majority vote of the tenure/tenure track faculty within the faculty.

Associate Dean Johnson dissents from the view that there should be a separate vote of the tenure track and clinical track faculties. She favors a recommendation that would require no more than a majority of the combined votes of both groups.

[15]In some cases, this approval may have to come from State Board of Regents.

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. 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.

(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.

c. 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. 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.

e. 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. 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. 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. Collegiate Policies and Guidelines.

(1) Every college that plans to offer salaried, non-tenured clinical faculty appointments must

1 develop its own written policy statement with respect to such appointments, subject to approval by
2 its own faculty and by the Provost.
3
4 (2) The resulting policy statement will provide detailed guidelines for every relevant item in this
5 Section on "Clinical Faculty." In the development of a policy statement, the following elements
6 should be addressed:
7
8 (a) Participation in collegiate faculty governance.
9
10 (b) Procedures for appointment, reappointment, and promotion.
11
12 (c) Criteria for appointment, reappointment, and promotion.
13
14 (d) Participation in peer review for appointment, reappointment, and promotion of other faculty.
15
16 (e) Teaching. If the college defines "teaching" as training or instruction given to individuals or
17 small groups while service is delivered, then that limited definition will apply to the evaluation of
18 teaching for appointment, reappointment, and promotion purposes.
19
20 (f) Professional productivity beyond clinical service.
21
22 i. This policy shall be reviewed not later than five years following its implementation.