

UNIVERSITY OF IOWA FACULTY COUNCIL

Minutes

Tuesday, March 28, 2000

Ohio State Room (#343), Iowa Memorial Union

Members Present: C. Berman, J. Carlson, K. Clark, C. Colvin, R. Curto, J. Jew, J. Kline, D. Liddell, C. Lynch, D. Manderscheid, G. Milavetz, G. Parkin, M. Pincus, R. Slayton, M. Stone, B. Wiley

Members Absent: C. Carney-Doebbeling, V. Grassian

Members Absent (excused): A. Bhattacharjee, L. Geist.

Guests: K. Buckwalter, L.A. Clark, J. Folkins, J. Whitmore (Office of the Provost); S. Kurtz (Chair, Ad Hoc Committee to Review the Clinical Track Policy); J. Andrews (emeritus, Mech. Engineering); R. Wachtel (Anesthesia); Carol Tebockhorst (Senate Staff Secretary)

- I. President Carlson called the meeting to order at 3:37 PM.
- II. Approvals
 - A. There being no objection, the Council minutes of March 7, 2000 were approved as distributed.
 - B. The motion was made and seconded to approve the agenda for the Faculty Senate meeting of April 4, 2000. The motion carried unanimously.
 - C. Provost Review Committee membership. This item was deferred.
- III. New Business
There were no items of new business
- IV. Report from Task Force to Review Clinical Track Policy

The document entitled: Proposal to Increase Cap on Clinical Track Faculty from 20% to 30% for the Health Sciences Colleges was withdrawn from the agenda.

President Carlson introduced Professor Kurtz, chair of the Ad Hoc Committee to Review Clinical Track Policy. Professor Kurtz presented the committee's report, outlining the findings and recommendations and explaining the background and rationale for each of the recommendations. He noted that the clinical track policy is utilized primarily by the health sciences colleges, and that other colleges in the University have no or very few clinical track faculty. The committee found that three of the colleges were in violation of the policy, either by exceeding the 20% cap or by using clinical track faculty positions for roles that were not the intent of the policy. The committee was in unanimous agreement on all but one of the recommendations.

Professor Kurtz stated that the series of recommendations was designed to balance the concerns and needs of tenure track and clinical track faculty. (1) They affirm the need for clinical track faculty. (2) How can the policy be improved to resolve tensions? (3) The

job expectations for clinical track faculty are different. If expectations include scholarship, how is scholarship defined? (4) The core of the University is its tenure track faculty and the role of faculty governance should be in their hands.

In regard to recommendation # 3, Professor Kurtz expressed the committee's strong opinion that teaching is the central mission of the University and that, in order to be a professor, one must teach.

Discussion followed Professor Kurtz's presentation. It was noted that the requirement that both a majority of the tenured/tenure track faculty within the college and a majority of the clinical track faculty must vote to increase the percentage of the cap, gives each group veto power. Re: concerns that placing limitations on clinical faculty participation in faculty governance would imply that clinical faculty are second class citizens, it was pointed out that the job responsibilities and requirements for promotion and tenure between tenure track and clinical faculty are different and therefore not equal. A number of pro's and con's were raised about the supermajority requirement for future amendments to the University's clinical track policy. There should be a deadline for colleges to implement recommendation #2 without delaying their ability to implement the increased cap on clinical faculty by July 1, 2000. This policy is not intended to adversely impact current clinical track faculty. Recommendations # 2 and #3 were not made conditions for adoption of #4 (which allows the cap increase) because these were not perceived as part of the tension between the interests of tenure track versus clinical faculty. The policy should convey that teaching must be an essential function of the clinical track faculty, that the clinical faculty member has significant participation in the University's teaching mission.

The motion was made (Professor Kline), seconded (Professor Liddell), and approved unanimously:

MOTION: That the Council thanks the Ad Hoc Committee to Review Clinical Track Policy for a good and timely report, and that the Council considers each of the recommendations separately.

The motion was made (Professor Stone), seconded (Professor Kline), and approved unanimously:

MOTION: That consideration of the report's recommendations proceed, based on the assumption that appropriate corrections of all typographical errors will be made.

Recommendation #1

The motion was made (Professor Stone), seconded (Professor Clark), and approved unanimously to accept recommendation #1 of the Report.

Recommendation #2

The motion was made (Professor Stone) and seconded (Professor Liddell) to accept recommendation #2 of the Report. Following discussion and agreement on a friendly amendment, the motion was made (Professor Kline), seconded (Professor Curto), and approved to accept recommendation #2 of the Report as amended:

MOTION: That recommendation #2 of the Committee's Report be amended and accepted as follows: "By July 1, 2001, or prior to expansion of the clinical track beyond 30%, whichever comes first, each college of the University having a clinical track policy using its usual governance....."

Recommendation #3

The motion was made (Professor Stone) and seconded (Professor Kline) to accept recommendation #3 of the Report. There was discussion re: the assertion that the clinical faculty track is intended for faculty who have significant and essential roles in the University's teaching mission and in the delivery of professional service, not, e.g., for teaching alone, administration alone, or a combination of teaching and administration. The motion was amended to incorporate this intent more clearly. The motion passed with one vote against.

MOTION: That recommendation 3.b. be amended and accepted as follows: "In addition to significant participation in the teaching mission of the University, all clinical faculty must devote a significant portion of their time to providing or overseeing the delivery of professional services to individuals. Thus, clinical faculty..."

Recommendation #4

The motion was made (Professor Colvin), seconded (Professor Liddell), and approved unanimously to accept recommendation #4A of the Report.

The motion was made (Professor Berman), seconded (Professor Liddell), and approved unanimously to accept recommendation #4B of the Report.

Recommendation #5

The motion was made (Professor Stone) and seconded (Professor Berman) to accept recommendation #5 of the Report. Some members expressed concern about restrictions on clinical track faculty participation in faculty governance. Others pointed out that many aspects of faculty governance reside in the individual colleges, and that the colleges may determine what role clinical faculty play in governance. Professor Milavetz pointed out that in colleges with fewer than 4 Senate representatives, the 20% language would not permit even one clinical faculty representative. A motion to amend the motion to correct this technical oversight was made (Professor Milavetz), seconded (Professor Pincus) and approved unanimously. The question was called. The amended motion passed with 2 votes against and 1 abstention.

MOTION: That recommendation #5 as amended be accepted: "The Faculty Senate Constitution be revised to add the following: 'No more than 20% of the senators from any college or one senator, whichever is greater, may be clinical track faculty of that college...'

Recommendation #6

The motion was made (Professor Berman) and seconded (Professor Liddell) to accept recommendation #6 of the Report. There was extensive discussion about the implications and necessity of requiring a supermajority to revise and amend the clinical track policy in the future. Professor Liddell moved, and Professor Berman seconded to amend the recommendation to change "2/3" to "3/5". The motion to amend passed 7 – 5. The question was called on the amended motion. The motion passed 7 – 5.

MOTION: That recommendation #6 as amended be accepted: ... "This policy may not be revised or amended without a 3/5 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."

Recommendation #7

The motion was made (Professor Kline), seconded (Professor Pincus), and approved unanimously to accept recommendation #7 of the Report.

Recommendation #8

The motion was made (Professor Colvin), seconded (Professor Berman), and approved to accept recommendation #8 of the Report.

The motion was made (Professor Colvin), seconded (Professor Berman), and approved unanimously to forward to the Faculty Senate, the Report and the Council's amendments to the recommendations in the Report.

V. The meeting adjourned at 6:35 PM.

Respectfully submitted,

A handwritten signature in cursive script that reads "Jean Jew". The signature is written in dark ink and is positioned above the typed name.

Jean Jew, Secretary