

To: Jerry Weinstein, Chairperson, Dept of Accountancy  
Kathleen Manning, Chairperson, Dept of Education and Allied Studies

From: Miles Coburn, Interim Chair, Committee on Rank, Tenure and Salary,  
Faculty Forum

Re: Response of the Rank, Tenure and Salary Committee to the Accountancy and  
Education and Allied Studies Departments on their Clinical Faculty Proposals

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The RTS committee met on Friday, April 7, 2006, to consider two proposals for the creation of clinical faculty positions. The proposals were submitted by the departments of Accountancy and Education & Allied Studies. The Communications Department has also expressed an interest in creating one or more clinical faculty positions, but declined to submit a proposal at this time.

**Main elements of the Accountancy proposal:**

1. Extensive profession experience, preferably with professional certification.
2. Individual department would specify the basic requirements of the appointment; the requirements do not preclude the department from appointing someone with a terminal degree.
3. Faculty status includes all rights and responsibilities of faculty except tenure.
4. An indefinite contract extension at the option of the department is possible.
5. Duties include a 12hr load with no research, but advising is required. The faculty member is expected to be involved in faculty governance, serve on committees, etc.
6. The University will support efforts to maintain professional qualifications, which is crucial to BSOB in future accreditation reviews.
7. The faculty member could be considered for a course load reduction if he/she develops a research program.
8. These positions are limited to one position per department.

**Main elements of the Education proposal:**

1. Non-tenure track, renewable faculty position, available to professionals with a degree and experience in a specific area of professional expertise.
2. No research or publication responsibilities.
3. The primary responsibilities to be specified by the department or program. The departments will establish guidelines including some suitable combination of teaching, supervision, professional development, and consultation in schools, community agencies and business.
4. Candidates for these positions must have professional careers in the specific area of expertise.

5. Positions could be requested for academic content areas in which specific professional expertise, licensure, and/or advanced education is required.
6. Three year time limit currently applied to visiting faculty would be waived.
7. Such positions would not exceed 20% of faculty in a program or department.
8. Such positions would not replace tenure track faculty positions.

Rationale: Clinical faculty would

- 1) provide students with access to professionals;
- 2) fulfill the responsibility of the University to prepare students to enter a field with relevant theoretical and practical content knowledge;
- 3). would utilize the wisdom of the profession in a University setting.

**Elements common to both proposals include:**

1. A modification of the *Faculty Handbook* which would permit a new classification of full-time faculty to be called Clinical or Professional faculty.
2. Positions would be non-tenure track and renewable indefinitely. These positions would remove the current three-year limit on visiting faculty.
3. Positions would carry full faculty status, with all rights and responsibilities except tenure.
4. Responsibilities would be defined by the departments; research leading to publication would not be required.
5. The sum of responsibilities would be equivalent to those of tenure-track faculty, although the distribution among teaching, scholarship, and service is different.
6. Successful candidates would have extensive professional experience with relevant degrees, licenses, and certification. (The ED proposal indicates that national searches would be conducted to find qualified candidates.)
7. The number of positions would be limited, both to the number of departments that would be expected to seek such positions and to the number of positions within departments (1 per dept (AC) or 20% of dept (ED)).
8. Such positions may reduce the (over)reliance on parttime faculty members and adjuncts.
9. Such positions would add flexibility to the administration of various programs.

The two proposals differ in how the departments would utilize their clinical faculty. Accountancy would create a position with a 12-hour teaching load and full advising and

committee responsibilities. Although it is not stated as such, the RTS infers this position could be used to cover a variety of introductory level courses. In ED, clinical positions would be used in a targeted way in upper-level courses or capstone experiences to inform the preparation of pre-service candidates and contribute to the professional development within the discipline. In addition, both proposals addressed some concerns raised by the AAUP, which are discussed more fully below.

### **I. Comments and concerns of the Rank, Tenure and Salary Committee:**

1. Both proposals are vague as to specific responsibilities. The RTS would prefer to see more detailed position descriptions similar to those that appear in job postings (e.g., specific courses to be taught or developed and other responsibilities spelled out). Our concern, of course, is that departments are over-promising on what reasonable productivity of these positions would entail. We are concerned that heavy teaching loads will overburden people in these positions and hinder their development as teachers and scholars.
2. If the two proposals were combined in some fashion for a faculty vote, the definition of clinical faculty would be so broad as to include any combination of responsibilities of tenure-track faculty except research and publication.
3. The longer professional practitioners are away from their fields and teaching heavy loads, the less relevant their expertise becomes. This undermines the rationale presented by both departments for creating such positions in the first place.

### **II. AAUP concerns that are shared by the RTS:**

The AAUP Policy Statement on Contingent Appointments and the Academic Profession (<http://www.aaup.org/statements/SpchState/Statements/contingent.htm>) raises a number of issues relevant to these proposals and to the University:

In the view of the AAUP and the RTS, creating permanent positions without tenure is a bad idea. Non-tenured positions lack the safeguards of academic freedom and due process. The creation of such positions may set in motion a process that undermines the projections of tenure for the faculty as a whole. The current proposals seek to limit the total number of clinical positions, but, once created, enlarging the number of such positions may become an increasingly attractive option to an Administration or a Board of Directors for financial or other reasons.

The AAUP notes that arguments for and against such positions often come down to a debate between flexibility vs. safeguards, and both departments make the point that administrative flexibility is a key aspect of these non-tenured positions. The AAUP regards the debate between flexibility vs. safeguards as a false dichotomy. The AAUP

maintains, and the RTS agrees, that the primary concern of the University should be to strengthen the educational program of the institution. A proposal for any new position should begin with an analysis of the departmental program and an explanation of how the position will strengthen the program. The RTS is concerned that both proposals are short on specifics in this area, and we are concerned that both departments assert with no supporting evidence that such positions can be added without detracting from other aspects of the department's educational offerings through the loss of tenure-track positions.

According to the Faculty Handbook Committee, tenure-track guidelines for clinical positions could be created without a change in the Faculty Handbook. Departments could create, and the Administration approve, suitable standards specifying a combination of "excellence in teaching, the scholarship it entails, and service to the University, with primary emphasis placed on teaching and scholarship." While the intrinsic criterion for tenure would remain unchanged, the combination of teaching, scholarship, and service specified for clinical faculty may well differ from other tenure-track faculty, as well as the definition of scholarship. The RTS requests that both departments give considerable thought to the creation of tenure-track clinical positions.

### **III. Other concerns: The definition of clinical faculty**

In its nominal sense, clinical faculty refers to professionals, such as physicians, who maintain active clinical practices outside academe while teaching specialized courses that draw on their ongoing clinical expertise to enrich student learning. An active clinical practice can be a source of scholarship that enhances teaching, analogous to, and perhaps even a substitute for, an active research program.

The AAUP Policy Statement on Contingent Appointments and the Academic Profession makes this distinction between clinical faculty and other part-time or full-time non-tenure track faculty: "A small percentage of part-time faculty bring the benefit of expertise in a narrow specialty to add depth or specificity to the course offerings otherwise available at an institution. Another small percentage are practitioners of a profession such as law, architecture, or business and bring their direct experience into the classroom in a class or two each week. While many individuals with such appointments may find the conditions of part-time academic employment acceptable, their situation is the exception rather than the norm, and therefore should not serve as the primary model for a policy discussion. The vast majority of non-tenure-track faculty, part- and full-time, do not have professional careers outside of academe, and most teach basic core courses rather than narrow specialties."

(<http://www.aaup.org/statements/SpchState/Statements/contingent.htm>)

The AAUP thus distinguishes between those who have an ongoing professional life outside the university and those who have little or no professional life separate from their university responsibilities.

The RTS finds this distinction helpful. In the AC proposal in particular, it appears to the RTS that the department is describing a position that better fits the second category (i.e., no professional life outside the university). We are concerned that AC's offer to support professional development of their clinical faculty is misplaced. The central issue is one of time commitments rather than budgetary support for attending conferences. In reality, a clinical faculty member saddled with 12-hr teaching loads, advising and committee work would quickly fall behind in his or her discipline, and have little or no professional life beyond the university. The ED proposal is more explicit on this point, but, since specific responsibilities are not spelled out, it is hard for us to evaluate to what degree candidates for a clinical position will have ongoing professional responsibilities outside the university.

In summary the RTS recommends that the AC and ED departments reconsider their proposals, both within their respective departments and jointly with the participation of other interested departments such as Communications, addressing these points:

1. A rationale that includes an evaluation of how a clinical position will strengthen the department's educational program.
2. The departments should address squarely the issue of making these positions tenure-track.
3. The departments should provide many more specifics on the position descriptions that will allow others to fairly evaluate each position's scope and responsibilities. In particular the departments should address how they will strengthen their educational programs by making full use of personnel with non-traditional academic backgrounds but with specialized clinical knowledge; and, how they will design the position to permit clinical faculty to have an ongoing professional life outside the university that will be a source of continuing current expertise in the classroom.