

REPORT OF THE RULES COMMITTEE ON

**EXTENSION OF MEMBERSHIP IN THE UNIVERSITY SENATE TO
TO CLINICAL FACULTY AND ASSISTANT LIBRARIANS**

May 7, 2006

Last year, the Rules Committee undertook a comprehensive review of the Rules of the University Senate, the Senate Assembly and the Senate Advisory Committee on University Affairs and of the Regents Bylaws related to those rules. The most consequential and controversial of the Committee's recommended revisions was a proposal to extend Senate Assembly membership to faculty in the clinical track. Specifically, the Rules Committee proposed that the following language be added to Article I, Section I of the Senate rules:

Clinical faculty members who hold at least a 50-percent appointment as a clinical assistant professor, clinical associate professor, or clinical professor and who are voting members of the governing faculty of the school or college in which they hold their primary appointment shall be designated as members of the University Senate.

The proposal followed concerns aired on SACUA over "disgruntlement" of Medical School clinical faculty at their lack of representation in central faculty governance (Minutes of SACUA, March 23, 2005).

In addition to the proposal to extend membership to clinical faculty, the Rules Committee received a request from the current librarian representative to the Senate Assembly and an associate dean of the School of Information to grant Senate membership to assistant librarians.¹

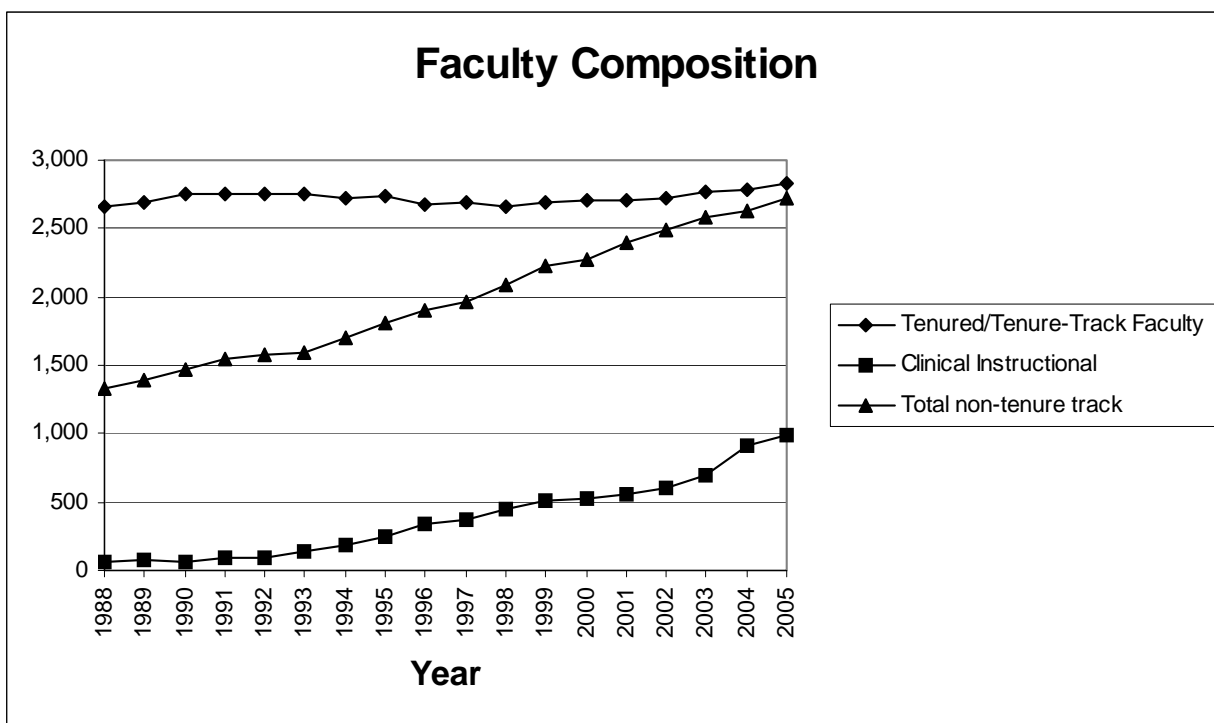
Membership in the University Senate determines voting rights on matters directly before the Senate and representation in the Senate Assembly. Because these bodies constitute the official voice of the faculty within the University, the question of Senate membership raises fundamental questions of the functions of faculty governance in a modern research university and the role of democratic decision making in academic institutions more broadly.

This year's Rules Committee considered arguments for and against extension of Senate membership to clinical faculty and assistant librarians. Because of the sheer size of the clinical faculty, the decision to grant membership to clinical faculty has a much greater potential to affect the operations and decisions of the Senate and its representative bodies, a fact that is reflected in our deliberations. To inform the discussion, we also gathered information on the definition of and promotion criteria for clinical faculty in different units and on turnover rates of clinical and regular faculty.²

¹Susan Hollar and Olivia Frost letter, September 7, 2005 (see Appendix B).

²For convenience, we will use the term "regular faculty" interchangeably with "tenure and tenure-track faculty."

Figure 1



Source: Ann Arbor Campus Faculty Composition from 1988 to 2004, Office of Budget and Planning, April 13, 2005 (Appendix A); and Ann Arbor Campus Faculty Composition from 1995 to 2005, April 18, 2006.

I. IMPETUS FOR RECONSIDERATION OF SENATE MEMBERSHIP

Requests to reconsider the definition of the governing faculty have increased as the number of non-traditional faculty at the University has grown. The top two lines of Figure 1 plot the number of regular faculty and total non-tenure-track faculty on the Ann Arbor Campus from 1988 to 2005. While regular faculty appointments have barely increased over this period, the number of non-tenure track faculty has grown at an average annual rate of 4.7% per year. (See Table 1.) As a result of that growth, the ratio of regular to non-tenure track faculty fell from two to one (2,664 vs. 1,354) in 1988 to just over one to one (2,837 vs. 2,717) in 2005.

The largest and fastest growing category of non-tenure track faculty, shown as the bottom line in Figure 1, is the clinical track. The number of clinical faculty grew from 64 in 1988 to 982 in 2005, an average annual growth rate over 17%. Whereas only Medicine and Dentistry (with 63 and 1 clinical appointments, respectively) employed clinical faculty in 1988, at least fourteen of the eighteen academic units at the University currently have clinical tracks.³

³The School of Art and Design currently has no clinical faculty but has provisions for a clinical track and employed one clinical faculty member in the years 2001-2003. Although Literature, Arts and Sciences claims not to have a clinical track (Dean McDonald email, Feb. 27, 2006), records from the Office of Human Resources show LSA to have had two clinical faculty (in Psychology) since 2002.

Table 1: 1988-2005 Compound Annual Growth Rates	
Tenure/Tenure Track Faculty	0.4%
Non-Tenure Track	4.7%
Clinical	17.4%
Total	2.0%

Table 2 shows the numbers of clinical faculty by unit for 2005. Despite the introduction of clinical faculty in most other units, Medical School clinical faculty still account for the vast majority — 86% — of clinical appointments.

Table 2. Numbers of Clinical Faculty by Unit, 2005			
Architecture and Urban Planning	4	LS&A	2
School of Business	7	Medical School	846
School of Dentistry	52	School of Music	15
School of Education	4	School of Nursing	8
School of Information	1	College of Pharmacy	25
Division of Kinesiology	2	School of Public Health	2
Law School	18	School of Social Work	3
		Total	982

Source: Ann Arbor Campus Faculty Composition from 1995 to 2005, Office of Budget and Planning, April 18, 2006.

At the same time that the number of clinical faculty has been increasing, their roles, at least in some units, have reportedly been changing. As recently as 1998, the assistant dean for faculty in the Medical School described the role of most clinical track faculty as that of “clinical teachers who are not involved in research and who work off-site, and therefore are not appropriately placed in the tenure track” (Minutes of the Regents of the University of Michigan, March 1998, p. 305). More recently, however, clinical faculty in the Medical School have been characterized as “participating in teaching, research and committee work just like tenure-track faculty” to the extent that “many clinical faculty are indistinguishable from tenure-track faculty” (Minutes of SACUA, March 23, 2005). The 2004-05 Rules Committee cited this perceived change in the role and responsibilities of clinical faculty as justification for its proposed revision of Senate membership rules:

The exclusion of a growing number of clinical faculty members from University Senate membership raises questions about whether the Senate, Senate Assembly, and SACUA are truly representative of the University faculty. Old records from the Rules Committee suggest that this exclusion may be based on a job description that

no longer applies to many clinical faculty members: some of the earliest clinical faculty members were physicians who treated patients at satellite health facilities and who did not perform the teaching and research roles traditionally associated with University Senate membership.

Today, many full-time clinical faculty members have teaching and research duties that are very similar to those performed by tenure-track faculty members. In some cases, the only difference may be eligibility for tenure.⁴

Similarity of responsibilities and consistency of treatment also form the basis for the petition to confer Senate membership on assistant librarians, which cites, among other considerations, the professional degree requirements of assistant librarians and their contributions to “the teaching, learning, and research activities of the campus” (Holler-Frost letter, Sept. 7, 2005; Appendix B). Advocates of expanding Senate membership further note that, having already made an exception for research professors and associate librarians, who often do not have exactly the same set of responsibilities as regular faculty, the Senate established a precedent for granting Senate membership to non-tenure track faculty. Finally, as a strategic concern, proponents cite the risk that, if denied representation through the existing governance system, clinical faculty (and others) might establish their own representative bodies that could compete for the attention of the administration and diminish the influence of tenured faculty.

II. PRINCIPLES OF FACULTY GOVERNANCE

Although a broad range of interests converge within a university — those of faculty, students, alumni, administrators, and private and public donors, among others — at most universities, including the University of Michigan, faculty have had a special role in university decision making.⁵ To understand that special role requires an appreciation of the purposes and limitations of faculty governance in a modern research university and its relation to tenure and academic freedom. Both faculty governance and tenure are costly institutions. Tenure involves a life-time commitment, and its costs include reduced flexibility and weakened incentives. Faculty governance, meanwhile, has been criticized as slow, cumbersome and protective of entrenched interests. Given their very real costs and limitations, tenure and governance rights should be granted with care and only where the resulting benefits outweigh these costs.

The benefits of faculty governance derive from two essential functions: the application of faculty expertise and the protection of academic freedom. Faculty are given authority for academic decisions in part because of the recognition of the expertise and knowledge that only individuals at the forefront of specialized studies possess and are competent to assess. The delegation of decision-making authority to, and respect for the judgments of, faculty with respect to scholarship and teaching are essential to the advancement and dissemination of knowledge and the success of individual institutions. Second, faculty governance, in combination with tenure, serves a protective function, providing a check against threats to academic freedom.

⁴“Reapportionment of Senate Assembly - Issues for discussion,” Report to SACUA, March 18, 2005, p. 4.

⁵Faculty authority and powers are codified at the University of Michigan in the Regents Bylaws, especially Sections 4.01, 4.04, 5.02 and 5.03.

Faculty participation in decision making helps to assure that decisions concerning teaching and research are based on academic rather than political, personal or other nonacademic considerations.⁶

This conception of the role and benefits of faculty governance also stresses the interdependence of faculty governance, tenure and academic freedom.

According to the AAUP's 1994 statement *On the Relationship of Faculty Governance to Academic Freedom*, [academic freedom and shared governance] have always been "closely connected, arguably inextricably linked." ... It is hard to imagine effective governance if faculty do not enjoy the right to speak freely without fear of reprisal on issues relating to their own institutions and policies, but it is equally true that shared governance, along with tenure, are the two principal institutional bulwarks for academic freedom.⁷

Similarly, tenure contributes to the security and long-term interests conducive to the exercise of independent judgment in academic decisions, while faculty governance affords faculty a collective voice with which to defend tenure (as well as academic freedom). The complementarity among faculty governance, tenure and academic freedom is an important reason why faculty governance and tenure rights are granted conjointly, and why comparable decision rights are typically not granted to non-tenure track faculty or to students, staff, alumni, donors and other groups who also have interests in the operations of universities.⁸

The preceding suggests that two central issues divide the debate over Senate membership. The first concerns the nature and similarity of responsibilities between regular faculty and groups seeking membership. Whereas proponents of inclusion emphasize overlaps if not equivalence, opponents see significant differences. The second division arises from divergent conceptions of the role of faculty governance, with those favoring expanding Senate membership emphasizing broad democratic principles while those opposed

⁶The liabilities of university administration by an authority outside the faculty were recognized and colorfully described by Adam Smith in *The Wealth of Nations* over two centuries ago:

An extraneous jurisdiction of this kind...is liable to be exercised both ignorantly and capriciously. In its nature it is arbitrary and discretionary, and the persons who exercise it, neither attending upon the lectures of the teacher themselves, nor perhaps understanding the sciences which it is his business to teach, are seldom capable of exercising it with judgment. From the insolence of office too they are frequently indifferent how they exercise it, and are very apt to censure or deprive him of his office wantonly, and without any just cause.... It is by powerful protection only that he can effectually guard himself against the bad usage to which he is at all times exposed; and this protection he is most likely to gain, not by ability or diligence in his profession, but by obsequiousness to the will of his superiors, and by being ready, at all times, to sacrifice to that will the rights, the interest, and the honour of the body corporate of which he is a member.

⁷"Inextricably Linked": Shared Governance and Academic Freedom," by Larry G. Gerber in the "Faculties, Administrations, and Shared Governance" issue of *Academe*, May-June 2001; <http://www.aaup.org/publications/Academe/2001/01mj/mj01gerb.htm>. Gerber goes on to argue that the justification for faculty governance does not lie in the "democratic principle of self-government" or "the ideal of rule by the people," noting, "Not all constituencies of an institution of higher education are equally positioned to make sound judgments about what is appropriate or necessary when it comes to teaching and research."

⁸This is not to say that voting privileges have not been extended to other groups at some institutions. At the University of Michigan, the Senate includes certain classes of research faculty and librarians. Note that, although assistant professors do not yet have tenure, they have the opportunity to obtain tenure and are generally selected for their scholarly abilities with the expectation of achieving tenured status.

invoke more specific functions of faculty governance and the complementarity of faculty rights. Under the latter conception, the proper action in cases where individuals perform essentially the same functions as faculty is to grant those individuals full faculty status.

The American Association of University Professors' adoption of this second, narrower conception of the role of faculty governance and its implications is evident in the organization's 1973 statement on the status of college and university librarians.⁹ According to the statement, the criterion for deciding whether to extend the rights of faculty to librarians is the extent to which they perform the duties of faculty and, particularly, teaching and research. Discussing the duties of librarians, the statement notes:

Librarians perform a teaching and research role inasmuch as they instruct students formally and informally and advise and assist faculty in their scholarly pursuits. Librarians are also themselves involved in the research function; many conduct research in their own professional interests and in the discharge of their duties. . . . Neither administrative responsibilities nor professional degrees, titles, or skills, *per se*, qualify members of the academic community for faculty status. The *function* of the librarian as participant in the processes of teaching and research is the essential criterion of faculty status.

The statement continues, however:

Where the role of college and university librarians ... requires them to function essentially as part of the faculty, *this functional identity should be recognized by the granting of faculty status*. [emphasis added]

In other words, it is through the performance of the functions of faculty that individuals qualify for faculty status and, thereby, acquire the full complement of rights that accompanies that status. Where individuals function essentially as faculty, the purpose of special categories of faculty (such as clinical faculty) that are distinguished from regular faculty specifically on the basis of their different functions no longer exists.

III. CLINICAL AND REGULAR FACULTY COMPARISONS

Regardless of the wisdom of severing participation in faculty governance from other faculty rights, the question of the similarity of faculty responsibilities and interests remains. As far as we are aware, no systematic evidence has been presented regarding the extent to which the functions of groups seeking representation are comparable to those of faculty.

A. Unit Definitions of and Standards for Clinical Faculty

For insight on the functions of clinical faculty, the Committee solicited information on the definition of and appointment and promotion criteria for clinical track faculty from all units of the University.¹⁰ Appendix B contains the information we received from the ten units that responded, plus information on the

⁹Joint Statement on Faculty Status of College and University Librarians, 1973. *American Association of University Professors Policy Documents & Reports (the "Red Book")*, 7th ed., 1990, pp. 134-135.

¹⁰An initial request for more detailed information on clinical faculty was returned as too time consuming.

clinical track in the School of Social Work extracted from their web site. Two schools, Business and Information, neither responded to our requests nor had publically accessible information.

Definitions of the clinical track are fairly homogeneous among units. All units portray the clinical track principally as a vehicle for taking advantage of skills and knowledge of practitioners in the relevant field. All units also identify teaching as a central function of clinical faculty. In the cases of Medicine, Dentistry, Nursing and Pharmacy, teaching is paired with clinical care as the clinical faculty's two most important functions. The Medical School, for example, describes successful teaching of medical students and residents as the "cornerstone" of the clinical track, and advises that "a clinical faculty member's work is usually dominated by clinical responsibilities."¹¹ Consistent with this role, professional competence and teaching ability are universal prerequisites for appointment and promotion. Clinical faculty are ineligible for tenure or sabbaticals as a matter of University policy.

Beyond teaching and clinical service expectations, the rights and responsibilities of clinical faculty vary considerably among units. Table 3 attempts to summarize information about expectations of scholarship, participation in governance, and limits on appointments contained in the clinical faculty statements. The weight placed on scholarship in evaluating clinical faculty in these statements ranges from "necessary" (Dentistry) and "essential" (Medicine) to none (Public Health). The College of Architecture and Urban Planning describes the clinical track (designated "professors of practice" within the CAUP) as "designed to recognize the need for instructional faculty whose contributions come primarily from professional expertise, rather than from research and scholarly activity." Most commonly, scholarship is identified as a positive but nonessential factor in evaluating clinical faculty. Even where scholarly expectations exist, the descriptions often suggest differences in the nature and quantity of the scholarly output expected of clinical faculty, with greater emphasis on practical, clinical and pedagogical contributions.

Of the clinical faculty statements mentioning clinical faculty participation in faculty governance, three — Art and Design, Medicine and Public Health — grant clinical faculty voting rights except on promotion and tenure decisions. Only one — the School of Music — states that clinical faculty possess "exactly the same governance and voting privileges as apply to faculty members currently." Statements also explicitly mention the ability of clinical faculty to serve on committees in the School of Art and Design (except the Executive Committee) and the Medical School (including a single representative on the school's Executive Committee).

Finally, four Schools — Art and Design, Music, Nursing and Public Health — identify formal limits on clinical appointments, restricting the number of clinical faculty to ten percent of regular faculty appointments, with the School of Art and Design adding that it "will not use the track in any instance in which the requirements of a position to be filled and the qualifications of suitable candidates clearly indicate the need for a tenured or tenure-track appointment, nor would the track be used in any way as a means of subverting the tenure process."

¹¹Forms of clinical work are also conducted by clinical faculty in the Law School and possibly in Social Work.

Table 3. Clinical Faculty Expectations, Participation and Restrictions

Scholarship expectations	Architecture and Urban Planning (none); Art and Design (to the extent individually applicable); Dental (necessary condition for promotion except in exceptional circumstances); Education (recognized accomplishment in applied scholarship, to the extent deemed appropriate; scholarly focus and productivity expected to differ from regular faculty); Kinesiology (“academic contributions” expected of full prof.); Law (no requirement of scholarly publication, although may be taken into account as one of multiple criteria); Medical (individual scholarship is an essential part of clinical professoriate); Music (promotion criteria consistent with regular instructional staff to the extent applicable); Nursing (no scholarship requirement); Pharmacy (achievement in scholarly activity); Public Health (clinical faculty “will not be judged based research productivity”)
Voting	Architecture (except tenure and with approval of governing faculty); Art and Design (except P&T); Medical School (except P&T); Music (same governance and voting privileges as regular faculty); Public Health (except P&T)
Committees	Art and Design (except Executive Committee); Medical School (limited to one member on Executive Committee)
Limits on appointments	Art and Design ($\leq 10\%$); Music ($\leq 10\%$); Nursing ($\leq 10\%$); Public Health ($\leq 10\%$)

Because of differences in the level of detail contained in the unit statements and responses we received, and recognizing that practices often deviate from official policies, a review of these statements cannot provide a definitive judgment about the functions, status and standards applicable to clinical faculty. Nevertheless, the statements provide a basis for some preliminary observations:

1. Clinical tracks in all units were created specifically to take advantage of skills possessed by practitioners for purposes of teaching and, in some cases, clinical service.
2. Significant variation exists among units in the extent to which scholarship is a factor in clinical faculty appointment and promotion decisions and in the types of scholarship expected of clinical faculty.
3. The rights of clinical faculty to participate in unit-level faculty governance also varies among units. Most units that extend governance rights to clinical faculty do so with restrictions.

There is also reason to believe that considerable heterogeneity exists among clinical faculty within units. According to David Bloom, Associate Dean for Faculty of the Medical School,

[W]e find a huge variation in the types of careers within this [the clinical] track. Some members of the Clinical Track are heavily funded and known internationally in their fields. Others have more modest regional careers and are key players in our teaching and clinical domains. In many instances a Clinical Track faculty member has found his or her ideal fit in our Medical School and Health System and is happy to remain an assistant or associate professor. These faculty members may have some what [sic] asymmetric careers that are more heavily clinical and clinical teaching than scholarly....¹²

In light of the heterogeneity of clinical faculty both between and within units, it is our view that a more thorough and systematic evaluation of clinical faculty interest in and performance of scholarly activities is warranted before a decision to grant governance rights to all clinical faculty could be justified.

B. Retention and Attrition

Committee members also expressed concern about the level of attachment of clinical faculty to the University. For insight on this issue, we obtained data from the Office of Human Resources on the number of clinical and tenure-track faculty in each year from 1989 to present. The diagonal entries (in bold) in Tables 3 and 4 show the number of new clinical and regular faculty on the payroll as of November 1 of the year indicated.¹³ Each succeeding cell in a given row shows the fraction of the faculty hired in that cohort remaining in each subsequent year. In 1989, for example, 24 new clinical professors were hired, of which 71% were still employed by the University in 1990 and 25% in 2005. Comparing the values in the last column, for 2005, of the two tables, we see that the fraction of faculty still employed by the University is lower for clinical than for regular faculty for every cohort. On average (i.e., across cohorts), the fraction of faculty still on the faculty in 2005 is 23 percentage points lower for clinical than for regular faculty. Figure 2 plots the average fraction of clinical and tenure-track faculty still employed by the University in each year after their original appointment date. A smaller fraction of clinical faculty than regular faculty remain at the University in each year after appointment.

IV. OTHER CONSIDERATIONS

Although we regard the conception of faculty governance and the similarity of responsibilities to be the central issues in deciding whether to expand Senate membership, other considerations that bear on the decision have been raised. We comment on some of those here.

1. *By making exceptions for research faculty, the Senate has already established the precedent of granting membership to individuals with non-tenure track appointments.* This is true, but it is also true that the Senate has not conferred membership on others who perform many of the functions of faculty, including

¹²Letter from David Bloom, March 23, 2006 (see Appendix B).

¹³A peculiarity of the Human Resource Office's coding scheme is that a faculty member who leaves the University on (or before) October 31 will not be counted as having been employed at the University for that year, but someone who is hired on (or after) November 1 will. Although regular faculty generally begin and end appointments with the academic year, clinical faculty appointments, particularly in the Medical School, begin throughout the year. In addition, the Human Resource data include appointment start dates but not end dates.

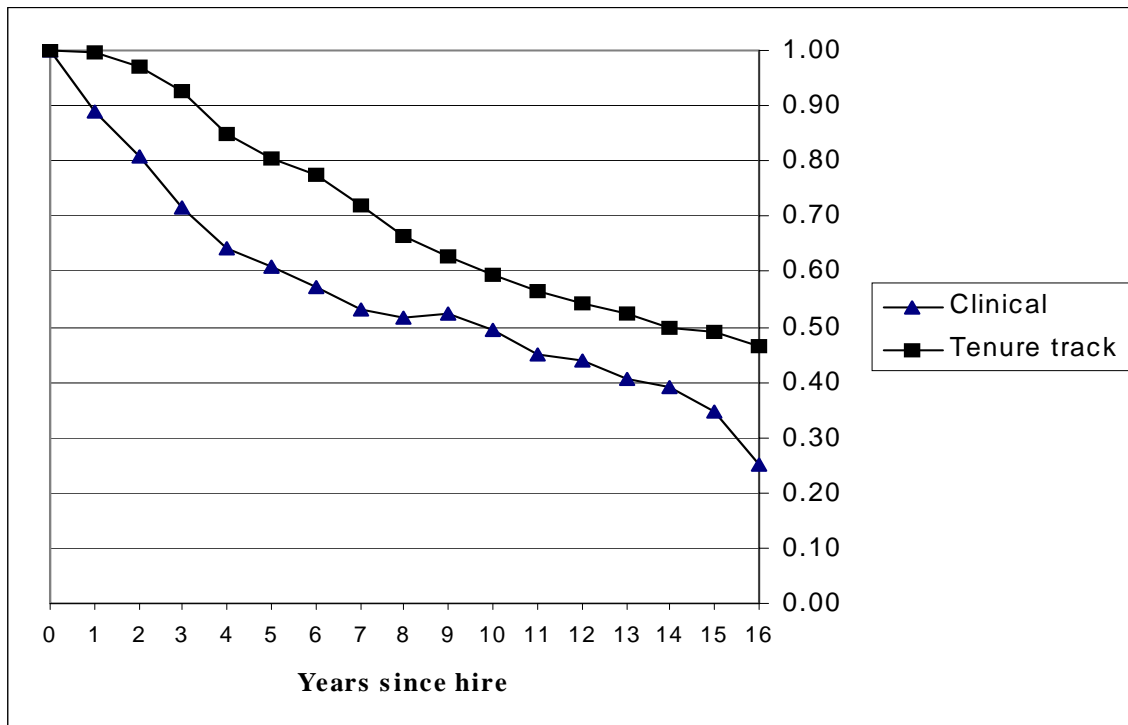
Table 3. Clinical Faculty Appointments and Retention

Cohort	Year																
	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1989	24	0.71	0.63	0.54	0.42	0.38	0.38	0.38	0.33	0.33	0.33	0.29	0.29	0.29	0.25	0.25	0.25
1990		9	1.00	1.00	0.78	0.67	0.67	0.67	0.56	0.67	0.78	0.67	0.56	0.56	0.44	0.44	0.44
1991			27	0.85	0.85	0.78	0.78	0.67	0.67	0.63	0.59	0.59	0.56	0.52	0.52	0.48	0.48
1992				25	0.88	0.76	0.80	0.72	0.72	0.64	0.56	0.52	0.48	0.44	0.40	0.40	0.40
1993					55	0.95	0.89	0.67	0.64	0.56	0.56	0.53	0.51	0.51	0.49	0.47	0.44
1994						57	0.91	0.82	0.77	0.74	0.65	0.61	0.60	0.53	0.53	0.51	0.47
1995							86	0.94	0.83	0.71	0.67	0.64	0.58	0.53	0.49	0.49	0.48
1996								89	0.90	0.81	0.72	0.64	0.63	0.55	0.51	0.51	0.49
1997									88	0.83	0.81	0.67	0.61	0.59	0.55	0.56	0.50
1998										108	0.90	0.75	0.65	0.58	0.54	0.50	0.46
1999											104	0.91	0.84	0.72	0.66	0.64	0.58
2000												81	0.89	0.78	0.68	0.64	0.62
2001													64	1.00	0.78	0.69	0.59
2002														99	0.99	0.91	0.84
2003															140	0.86	0.69
2004																265	0.71
2005																	202

Table 4. Tenure/Tenure-Track Faculty Appointments and Retention

Cohort	Year																
	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1989	193	0.99	0.95	0.92	0.79	0.70	0.67	0.63	0.55	0.51	0.50	0.48	0.47	0.47	0.47	0.47	0.47
1990		196	0.99	0.94	0.91	0.84	0.77	0.73	0.64	0.58	0.53	0.52	0.52	0.52	0.52	0.52	0.52
1991			185	0.98	0.96	0.90	0.82	0.76	0.72	0.65	0.57	0.54	0.51	0.51	0.51	0.51	0.51
1992				177	1.00	0.98	0.95	0.83	0.78	0.72	0.67	0.63	0.60	0.60	0.60	0.60	0.60
1993					172	0.99	0.98	0.93	0.83	0.75	0.70	0.65	0.62	0.62	0.62	0.62	0.62
1994						189	0.99	0.96	0.91	0.85	0.79	0.74	0.67	0.67	0.67	0.67	0.67
1995							182	0.99	0.97	0.92	0.82	0.77	0.74	0.74	0.74	0.74	0.74
1996								183	1.00	0.99	0.96	0.88	0.81	0.81	0.81	0.81	0.81
1997									176	1.00	0.98	0.89	0.80	0.80	0.80	0.80	0.80
1998										217	1.00	0.94	0.91	0.91	0.91	0.91	0.91
1999											207	1.00	0.98	0.98	0.98	0.98	0.98
2000												182	0.99	0.97	0.95	0.87	0.85
2001													182	1.00	0.97	0.90	0.81
2002														218	1.00	0.98	0.93
2003															191	1.00	0.98
2004																192	1.00
2005																	39

Figure 2
Clinical and Tenure-Track Faculty Retention Rates Over Time



full-time lecturers, adjuncts and research investigators. To the extent, for example, that the position of assistant librarian is more like that of lecturer or research investigator than of regular faculty, consistency would either justify continued exclusion of assistant librarians or require expansion to include lecturers and research investigators as well. Regarding clinical faculty, it should be noted that the inclusion of research faculty was done at a time when the number of research faculty was small relative to the number of regular faculty.¹⁴ In 1988, for example, the research faculty numbered 180 compared to 2,664 tenure/tenure-track faculty, or roughly 7%. Granting Senate membership to a relatively small number of faculty was unlikely to have altered significantly the outcome of votes. By comparison, the clinical faculty today is a full one-third the size of the regular faculty, enough to alter substantially the allocation of seats in the Senate Assembly and potentially voting outcomes.

2. *If clinical faculty are not given representation in the Senate Assembly, they may form their own governance bodies, as has happened with lecturers, to the detriment of faculty governance.* The existence of a separate body representing clinical faculty is only a concern to the extent that the interests of clinical faculty diverge significantly from those of regular faculty: To the extent that clinical and regular faculty interests align, the existence of a second, independent representative body will reinforce the message of the Senate. Only if clinical faculty interests differ significantly from those of regular faculty would separate governance for clinical faculty pose a potential problem. Given the current number of clinical faculty and the potential for future growth in their ranks, the effect of bringing views at odds with the interests of faculty *within* the existing governance structure is likely to be far more detrimental to faculty interests than

¹⁴The Regents Bylaws were amended to allow research faculty in the Senate in February, 1968.

competition with another group. Differences in interests would lead, at a minimum, to greater dissension or weakening of stands on issues important to regular faculty, such as tenure and support for research and academic freedom. In that case, competition from a competing body would likely be preferable to subversion of faculty representation from within. Even if such competing bodies were to arise, the official status of the Faculty Senate and its representative bodies in University decision making would, barring changes in the Regents Bylaws, afford regular faculty a formal advantage over bodies representing other constituencies.

3. *Clinical faculty already have voting rights in some units; shouldn't units get to decide whether clinical faculty deserve governing status in central faculty governance?* Decisions by the Senate and its representative bodies affect faculty in every unit.¹⁵ Allowing individual units to determine Senate eligibility for clinical faculty would allow units with large numbers of clinical faculty to alter unilaterally the composition of the Senate and, thereby, the balance of voting power and the potential outcome of votes. Furthermore, decisions by one unit to include clinical faculty would likely put pressure on other units to do so as well regardless of the functions and qualifications of clinical faculty in the latter units.

V. Conclusions

Because the decision to expand Senate membership is almost certainly irreversible, it is extremely important that the likely consequences of such a decision be anticipated and weighed. Aside from providing faculty a voice in operations of the University, faculty governance plays a crucial role in the protection of academic freedom. And because faculty governance is both important and a costly institution, care should be taken to avoid steps that would either encumber its operations or weaken its effectiveness.

Our investigation of the functions of clinical faculty at the University, although preliminary, provides reasons to be cautious. The available information is not sufficient to support the claim that clinical faculty perform essentially the same functions as regular faculty and, in many cases, suggest otherwise. There is also a compelling argument that, if the role of at least some clinical faculty has now evolved to be effectively equivalent to that of regular faculty, the appropriate response is to incorporate those faculty and positions within the ranks of the regular tenure-track faculty.

Rules Committee:
Andrew Chang
Bruno Giordani (SACUA liaison)
John Lehman (*ex officio*)
Scott Masten (Chair)
John Riebesell (absent)
Lumin Wang

¹⁵Regents Bylaw 4.01 states, "Decisions of the University Senate with respect to matters within its jurisdiction shall constitute the binding action of the University faculties."

APPENDIX A

Ann Arbor Campus Faculty Composition from 1988 to 2004,
Office of Budget and Planning, April 13, 2005

Ann Arbor Campus
Faculty Composition from 1988 to 2004

Academic Unit/Rank	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Ann Arbor Campus																	
Tenured/Tenure-Track Faculty	2,664	2,696	2,749	2,746	2,752	2,756	2,726	2,733	2,678	2,687	2,660	2,698	2,710	2,709	2,717	2,771	2,787
Clinical Instructional	64	72	69	87	100	143	191	248	333	376	449	506	527	564	602	701	919
Lecturer	357	427	520	531	634	594	600	603	597	590	609	651	687	699	717	724	620
Paid Research Faculty in Schools/Colleg	180	198	212	222	268	286	309	304	317	314	303	338	337	388	401	406	442
Paid Archivist, Curator, and Librarian Faculty in Schools/Colleges	23	26	28	27	28	26	28	27	28	29	35	31	33	33	35	35	20
Paid Supplemental (Adjunct, Visiting, A	505	487	449	475	355	351	365	419	413	430	467	478	463	480	504	491	397
Total School /College Faculty	3,793	3,906	4,027	4,088	4,137	4,156	4,219	4,334	4,366	4,426	4,523	4,702	4,757	4,873	4,976	5,128	5,185
Non-Tenure-Track as % of School /Colle	29.8%	31.0%	31.7%	32.8%	33.5%	33.7%	35.4%	36.9%	38.7%	39.3%	41.2%	42.6%	43.0%	44.4%	45.4%	46.0%	46.2%
Paid Research Faculty in Other Units	87	67	70	77	78	80	85	87	86	79	95	89	94	87	81	92	90
Paid Archivist, Curator, and Librarian Faculty in Other Units	119	115	122	125	112	117	122	129	129	140	130	137	136	151	153	137	146
Total Campus Faculty	3,999	4,088	4,219	4,290	4,327	4,353	4,426	4,550	4,581	4,645	4,748	4,928	4,987	5,111	5,210	5,357	5,421
Non-Tenure-Track as % of Total	33.4%	34.1%	34.8%	36.0%	36.4%	36.7%	38.4%	39.9%	41.5%	42.2%	44.0%	45.3%	45.7%	47.0%	47.9%	48.3%	48.6%
A. Alfred Taubman College of Architecture & Urban Planning																	
Tenured/Tenure-Track Faculty	45	40	45	47	47	44	48	45	43	42	42	39	36	44	38	44	43
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	1	3	2	3	2	2	2
Lecturer	0	0	1	1	0	0	0	0	5	1	3	9	11	15	18	18	27
Paid Research Faculty	0	1	1	1	1	1	0	0	0	0	0	0	0	0	0	1	1
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	13	12	16	11	12	12	14	17	15	19	12	10	11	11	8	7	2
Total Faculty	58	53	63	60	60	57	62	62	63	62	58	61	60	73	66	72	75
Non Tenure-Track as % of Total	22.4%	24.5%	28.6%	21.7%	21.7%	22.8%	22.6%	27.4%	31.7%	32.3%	27.6%	36.1%	40.0%	39.7%	42.4%	38.9%	42.7%
School of Art & Design																	
Tenured/Tenure-Track Faculty	34	33	34	34	34	29	29	25	26	26	29	30	31	30	31	36	42
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0
Lecturer	2	3	3	3	2	4	4	6	9	9	8	9	16	16	4	3	2
Paid Research Faculty	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	5	8	9	8	14	12	20	32	16	21	29	23	12	29	49	42	25
Total Faculty	41	44	46	45	50	45	53	63	51	56	66	62	59	76	85	82	69
Non Tenure-Track as % of Total	17.1%	25.0%	26.1%	24.4%	32.0%	35.6%	45.3%	60.3%	49.0%	53.6%	56.1%	51.6%	47.5%	60.5%	63.5%	56.1%	39.1%
Stephen M. Ross School of Business																	
Tenured/Tenure-Track Faculty	117	129	128	133	131	133	131	129	124	122	130	126	130	120	124	129	128
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	1	1	2	2	4	5
Lecturer	8	8	8	11	15	14	15	15	22	23	19	17	18	23	22	19	20
Paid Research Faculty	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Paid Archivist, Curator, and Librarian F.	6	7	6	7	7	7	6	6	8	8	7	7	6	7	7	7	8
Paid Supplemental (Adjunct, Visiting, A	26	19	27	28	30	40	44	48	53	46	50	46	52	42	50	39	29
Total Faculty	157	163	170	180	184	195	197	199	208	200	207	198	208	195	206	199	190
Non Tenure-Track as % of Total	25.5%	20.9%	24.7%	26.1%	28.8%	31.8%	33.5%	35.2%	40.4%	39.0%	37.2%	36.4%	37.5%	38.5%	39.8%	35.2%	32.6%

Faculty Composition from 1988 to 2004

Academic Unit/Rank	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
School of Dentistry																	
Tenured/Tenure-Track Faculty	125	107	101	102	104	103	103	99	90	86	79	79	76	71	71	69	72
Clinical Instructional	1	0	0	0	0	8	10	14	16	18	19	21	29	35	41	49	53
Lecturer	39	63	96	65	71	19	10	11	13	16	14	14	15	17	12	7	2
Paid Research Faculty	5	6	8	6	4	4	3	2	1	1	1	2	3	5	8	13	10
Paid Archivist, Curator, and Librarian F.	0	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	1
Paid Supplemental (Adjunct, Visiting, A	41	33	19	33	26	60	64	59	63	69	77	83	87	107	102	109	116
Total Faculty	211	209	224	206	206	195	191	186	184	191	191	200	211	236	235	249	254
Non Tenure-Track as % of Total	40.8%	48.8%	54.9%	50.5%	49.5%	47.2%	46.1%	46.8%	51.1%	55.0%	58.6%	60.5%	64.0%	69.9%	69.8%	72.3%	71.7%
School of Education																	
Tenured/Tenure-Track Faculty	60	59	60	60	66	71	72	64	61	67	66	67	69	68	67	70	67
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	2	5	6	6	5
Lecturer	10	10	11	13	14	12	11	11	14	13	8	10	7	5	6	5	7
Paid Research Faculty	1	1	3	2	1	1	1	3	4	4	3	6	5	9	7	6	6
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	5	4	9	9	6	8	10	9	10	10	14	18	20	17	17	16	12
Total Faculty	76	74	83	84	87	92	94	87	89	94	91	101	103	104	103	103	97
Non Tenure-Track as % of Total	21.1%	20.3%	27.7%	28.6%	24.1%	22.8%	23.4%	26.4%	31.5%	28.7%	27.5%	33.7%	33.0%	34.6%	35.0%	32.0%	30.9%
College of Engineering																	
Tenured/Tenure-Track Faculty	308	315	319	311	312	310	310	313	312	327	325	324	322	334	334	345	347
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lecturer	8	8	6	10	11	9	10	9	11	11	20	29	27	26	29	25	26
Paid Research Faculty	36	43	53	59	60	67	75	82	95	93	88	89	83	90	91	82	86
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	36	36	29	34	33	23	29	50	44	43	41	38	34	33	33	29	27
Total Faculty	388	402	407	414	416	409	424	454	462	474	474	480	466	483	487	481	486
Non Tenure-Track as % of Total	20.6%	21.6%	21.6%	24.9%	25.0%	24.2%	26.9%	31.1%	32.5%	31.0%	31.4%	32.5%	30.9%	30.8%	31.4%	28.3%	28.6%
School of Information																	
Tenured/Tenure-Track Faculty	14	16	14	16	17	17	17	17	20	25	24	25	29	27	29	31	28
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Lecturer	4	3	5	5	5	5	5	5	2	1	2	1	1	1	0	0	0
Paid Research Faculty	0	0	0	0	0	0	0	0	1	3	4	4	4	4	5	5	4
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	1	1	6	5	7	8	9	8	0
Paid Supplemental (Adjunct, Visiting, A	6	4	6	6	2	4	5	7	7	8	8	7	8	11	9	8	9
Total Faculty	24	23	25	27	24	26	27	29	31	38	44	42	49	51	52	53	42
Non Tenure-Track as % of Total	41.7%	30.4%	44.0%	40.7%	29.2%	34.6%	37.0%	41.4%	35.5%	34.2%	45.5%	40.5%	40.8%	47.1%	44.2%	41.5%	33.3%
Division of Kinesiology																	
Tenured/Tenure-Track Faculty	24	21	22	25	23	23	21	21	21	21	18	21	20	19	17	20	21
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	2	2	2	2	2	2	2
Lecturer	10	10	9	5	7	6	7	7	9	9	9	4	2	3	2	3	12
Paid Research Faculty	0	0	0	0	0	1	1	2	2	1	2	2	2	3	3	2	2
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	16	15	13	14	11	15	15	10	14	16	14	17	10	7	13	11	1
Total Faculty	50	46	44	44	41	45	44	40	46	47	45	46	36	34	37	38	38
Non Tenure-Track as % of Total	52.0%	54.3%	50.0%	43.2%	43.9%	48.9%	52.3%	47.5%	54.3%	55.3%	60.0%	54.3%	44.4%	44.1%	54.1%	47.4%	44.7%

Faculty Composition from 1988 to 2004

Academic Unit/Rank	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Law School																	
Tenured/Tenure-Track Faculty	54	52	50	51	52	50	50	49	48	47	47	52	52	53	54	53	54
Clinical Instructional	0	0	3	8	8	8	10	12	18	18	19	19	17	20	20	18	18
Lecturer	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Paid Research Faculty	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Archivist, Curator, and Librarian F.	10	10	10	8	9	6	7	7	5	6	9	7	8	8	7	8	6
Paid Supplemental (Adjunct, Visiting, A	13	18	18	13	11	15	11	8	18	14	13	16	18	16	20	29	15
Total Faculty	77	80	82	80	80	79	78	76	90	85	88	94	95	97	101	108	93
Non Tenure-Track as % of Total	29.9%	35.0%	39.0%	36.3%	35.0%	36.7%	35.9%	35.5%	46.7%	44.7%	46.6%	44.7%	45.3%	45.4%	46.5%	50.9%	41.9%
College of Literature, Science, and the Arts																	
Tenured/Tenure-Track Faculty	830	855	878	889	913	902	883	881	877	873	869	889	936	933	945	969	975
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2
Lecturer	151	153	176	174	273	284	333	326	316	315	338	351	373	370	357	390	416
Paid Research Faculty	37	39	35	34	41	42	46	43	40	45	36	31	32	40	36	35	33
Paid Archivist, Curator, and Librarian F.	6	8	11	11	10	11	12	11	11	11	10	8	8	7	10	9	4
Paid Supplemental (Adjunct, Visiting, A	214	242	217	235	128	99	94	101	89	114	115	114	113	101	94	87	82
Total Faculty	1,238	1,297	1,317	1,343	1,365	1,338	1,368	1,362	1,333	1,358	1,368	1,393	1,462	1,451	1,444	1,492	1,512
Non Tenure-Track as % of Total	33.0%	34.1%	33.3%	33.8%	33.1%	32.6%	35.5%	35.3%	34.2%	35.7%	36.5%	36.2%	36.0%	35.7%	34.6%	35.1%	35.5%
Medical School																	
Tenured/Tenure-Track Faculty	775	793	826	811	798	802	806	826	808	790	789	798	790	772	783	825	834
Clinical Instructional	63	72	66	79	92	102	144	202	273	314	381	427	443	458	490	579	790
Lecturer	90	131	161	199	192	190	170	150	152	138	142	160	164	164	193	180	16
Paid Research Faculty	82	86	86	95	123	126	141	139	151	143	145	170	172	187	203	204	237
Paid Archivist, Curator, and Librarian F.	1	1	1	1	1	1	2	2	2	2	2	2	1	1	1	1	1
Paid Supplemental (Adjunct, Visiting, A	72	56	42	37	38	29	28	30	26	16	24	24	24	33	32	33	35
Total Faculty	1,083	1,139	1,182	1,222	1,244	1,250	1,291	1,349	1,412	1,403	1,483	1,581	1,594	1,615	1,702	1,822	1,913
Non Tenure-Track as % of Total	28.4%	30.4%	30.1%	33.6%	35.9%	35.8%	37.6%	38.8%	42.8%	43.7%	46.8%	49.5%	50.4%	52.2%	54.0%	54.7%	56.4%
School of Music																	
Tenured/Tenure-Track Faculty	108	106	108	106	106	110	111	118	115	119	118	121	125	126	123	121	121
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	8	8	8	8	10	10	13
Lecturer	11	16	16	17	16	20	15	18	20	18	9	10	11	11	11	12	14
Paid Research Faculty	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0
Paid Supplemental (Adjunct, Visiting, A	28	23	22	19	20	22	18	26	29	25	33	34	41	32	28	29	11
Total Faculty	147	145	146	142	142	152	144	162	164	162	168	174	186	178	172	172	159
Non Tenure-Track as % of Total	26.5%	26.9%	26.0%	25.4%	25.4%	27.6%	22.9%	27.2%	29.9%	26.5%	29.8%	30.5%	32.8%	29.2%	28.5%	29.7%	23.9%
School of Natural Resources and Environment																	
Tenured/Tenure-Track Faculty	36	38	40	41	40	41	36	37	41	42	44	43	38	37	39	44	46
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Lecturer	1	1	1	0	0	1	0	0	0	0	0	0	0	1	1	1	1
Paid Research Faculty	3	3	2	2	3	3	6	4	4	4	4	5	4	5	6	10	10
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	7	6	4	4	5	2	7	2	7	5	9	8	8	7	6	6	2
Total Faculty	47	48	47	47	48	47	49	43	52	51	57	56	50	50	52	61	59
Non Tenure-Track as % of Total	23.4%	20.8%	14.9%	12.8%	16.7%	12.8%	26.5%	14.0%	21.2%	17.6%	22.8%	23.2%	24.0%	26.0%	25.0%	27.9%	22.0%

Faculty Composition from 1988 to 2004

Academic Unit/Rank	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
School of Nursing																	
Tenured/Tenure-Track Faculty	68	66	66	65	63	63	60	56	55	53	51	53	52	52	47	43	44
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	2
Lecturer	30	29	31	30	31	30	33	42	46	44	41	44	45	43	55	61	73
Paid Research Faculty	1	2	3	3	4	3	2	4	5	4	6	7	9	10	11	9	9
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	1	1	0	1	0	4	3	5	5	6	7	4	2	6	5	9	5
Total Faculty	100	98	100	99	98	100	98	107	111	107	105	108	108	111	119	124	133
Non Tenure-Track as % of Total	32.0%	32.7%	34.0%	34.3%	35.7%	37.0%	38.8%	47.7%	50.5%	50.5%	51.4%	50.9%	51.9%	53.2%	60.5%	65.3%	66.9%
College of Pharmacy																	
Tenured/Tenure-Track Faculty	33	36	40	38	41	39	36	40	39	37	38	38	40	41	40	39	39
Clinical Instructional	0	0	0	0	0	25	29	34	27	27	23	27	27	30	27	24	26
Lecturer	0	0	0	1	1	1	1	1	1	1	1	1	1	1	2	0	1
Paid Research Faculty	3	3	3	4	6	6	5	4	5	6	6	5	6	8	8	9	10
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	18	18	20	17	19	2	4	1	1	1	4	3	3	1	1	1	0
Total Faculty	54	57	63	60	67	73	75	80	73	72	72	74	77	81	78	73	76
Non Tenure-Track as % of Total	38.9%	36.8%	36.5%	36.7%	38.8%	46.6%	52.0%	50.0%	46.6%	48.6%	47.2%	48.6%	48.1%	49.4%	48.7%	46.6%	48.7%
School of Public Health																	
Tenured/Tenure-Track Faculty	133	145	140	134	137	135	137	142	129	126	128	125	121	121	120	127	129
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	0	0	1	1	2	3	2
Lecturer	11	12	13	16	13	14	13	12	6	7	4	6	3	4	3	1	2
Paid Research Faculty	18	19	23	20	31	37	34	27	18	14	12	15	17	24	24	30	31
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	9	3	6	7	6	9	8	9	8	9	11	8	9	10	9	9	7
Total Faculty	171	179	182	177	187	195	192	190	161	156	155	154	151	160	158	170	171
Non Tenure-Track as % of Total	22.2%	19.0%	23.1%	24.3%	26.7%	30.8%	28.6%	25.3%	19.9%	19.2%	17.4%	18.8%	19.9%	24.4%	24.1%	25.3%	24.6%
Gerald R. Ford School of Public Policy																	
Tenured/Tenure-Track Faculty	N/A	N/A	N/A	N/A	N/A	1	2	25	24	26	26	26	27	30	34	35	37
Clinical Instructional	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Lecturer	N/A	N/A	N/A	N/A	N/A	1	1	3	2	2	2	2	2	3	3	4	5
Paid Research Faculty	N/A	N/A	N/A	N/A	N/A	10	10	0	0	1	0	0	0	0	0	1	1
Paid Archivist, Curator, and Librarian F.	N/A	N/A	N/A	N/A	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	N/A	N/A	N/A	N/A	N/A	2	1	1	1	3	2	2	2	2	2	5	4
Total Faculty	N/A	N/A	N/A	N/A	N/A	14	14	29	27	32	30	30	31	35	39	45	47
Non Tenure-Track as % of Total	N/A	N/A	N/A	N/A	N/A	92.9%	85.7%	13.8%	11.1%	18.8%	13.3%	13.3%	12.9%	14.3%	12.8%	22.2%	21.3%

Faculty Composition from 1988 to 2004

Academic Unit/Rank	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
School of Social Work																	
Tenured/Tenure-Track Faculty	53	52	54	49	51	49	49	48	47	47	46	52	50	48	48	50	52
Clinical Instructional	0	0	0	0	0	0	0	0	0	0	1	1	1	2	3	3	4
Lecturer	1	2	0	0	0	0	0	0	0	0	0	0	0	0	3	2	6
Paid Research Faculty	7	7	7	5	4	5	3	2	2	3	4	2	6	6	5	7	7
Paid Archivist, Curator, and Librarian F.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Paid Supplemental (Adjunct, Visiting, A	10	7	9	15	15	17	14	25	28	37	44	41	41	48	47	40	33
Total Faculty	71	68	70	69	70	71	66	75	77	87	95	96	98	104	106	102	102
Non Tenure-Track as % of Total	25.4%	23.5%	22.9%	29.0%	27.1%	31.0%	25.8%	36.0%	39.0%	46.0%	51.6%	45.8%	49.0%	53.8%	54.7%	51.0%	49.0%

Sources:

Tenured and Tenure-Track Faculty	1988-200 Faculty and Staff Data Tables or Regular Instructional Staff Counts, HRRIS
Clinical Instructional—Ann Arbor Camp	1988-199 Human Resource Data Access database extracts 1995-200 Regular Instructional Staff Counts, HRRIS
Clinical Instructional—School /College	1988-199 Human Resource Data Access database extracts 1996-200 Faculty and Staff Data Tables, HRRIS
Lecturers—Ann Arbor Campus	1988-199 Human Resource Data Access database extracts 1994-200 Regular Instructional Staff Counts, HRRIS
Lecturers— School /College	1988-199 Human Resource Data Access database extracts 1994-199 Instructional Headcounts (by school /college), HRRIS 1997-200 Faculty and Staff Data Tables, HRRIS
Paid Research Faculty/Paid Archivist, Curator, and Librarian Faculty/ Paid Supplemental—Ann Arbor Camp and School /College	1988-199 Human Resource Data Access database extracts 1997-200 Snapshot of the Human Resource Data Access database as of November 1 of the relevant year. 2001-200 Human Resource Snapshot (HR01) data set as of November 1 of the relevant year.

Notes:

The methodology used for tenured and tenure-track, clinical instructional, and lecturer counts is consistent with the methodology used for the Faculty and Staff Data Tables. Tenured and tenure-track faculty, lecturers and clinical instructional faculty include all individuals with an appointment, either paid or unpaid, on the Ann Arbor Campus as of November 1 of the relevant year. Research, archivist, curator, librarian and supplemental faculty include individuals with both an empl status of "active" or "leave with pay" and a paid appointment on the Ann Arbor Campus as of November 1. Beginning in Fall 2001, to be consistent with the methodology used in the Faculty and Staff Data Tables, only regular appointments were considered and overload appointments were excluded. Each individual is counted only once for the Ann Arbor Campus summary in their highest-ranking instructional appointment where tenured and tenure-track faculty > lecturer > clinical instructional > research faculty > archivist, curator, and librarian faculty > supplemental faculty. For school /college data, individuals are counted in every school or college in which they have an instructional appointment as of November 1 and are counted in their highest-ranking instructional appointment. Supplemental counts for the Ann Arbor Campus differ from counts on the Instructional Staff Counts because major job class is not available for historical data.

A substantial portion of the increase in lecturers (approximately 30-40%) from 1980-81 to 2001-02 is due to changing appointing practices in the Medical School and the School of Nursing. Since 1987-88 both schools have phased out appointing individuals as instructors and replaced these positions with lectureships.

APPENDIX B

Communications to the Rules Committee

September 7, 2005

Scott Masten, Chair
Rules Committee of the Faculty Senate Assembly
University of Michigan

Dear Professor Masten:

We are writing to recommend that Assistant Librarians be granted membership in the University of Michigan Faculty Senate Assembly. Historical research has not uncovered why Assistant Librarians were not initially granted membership, nor does any documentation exist justifying the continuation of this practice. Librarians, including Assistant Librarians, are described in the Faculty Handbook 5.E.1 as follows:

“Librarians at the University of Michigan hold academic appointments and are part of the faculty of the University.” (Regents Bylaw Section 5.01, Definitions)

In the *Senate Assembly Rules, Article 1, Membership*, the following criteria for membership appears for librarians:

“A member of the library staff may be designated as a member of the Senate by the Faculty of the School of Information if the member (1) has a master's degree in librarianship or its equivalent, (2) is an advanced library specialist, the head of a branch library, or the supervisor of a group of branch libraries, and (3) has been recommended for designation by the director of the library in which the member serves.”

Assistant Librarians do hold Master's degrees in Information and Library Studies (or equivalent) and take on a high level of responsibility that requires specialized and advanced knowledge. Examples of Assistant Librarian duties include: provision of reference service to faculty, staff, and students; development and delivery of course-integrated instruction; selection of materials for the collection; and participation in digitization and scholarly publishing efforts. With the influx of information technology in the past decade, librarians, including assistant librarians, are going beyond the more traditional roles of organization and access assistance. In a 2001 survey by Jones e-Global library titled *The Changing Roles of Librarians in the Digital Age*, 94% of librarians surveyed said that “Instruction of patron, students, and/or faculty in the navigation and evaluation of print information” was an essential role, while 51% saw creating digital information resources as an essential role. Assistant Librarians take on such responsibilities that are integral to the teaching, learning, and research activities of the campus. Currently, there are over fifteen Assistant Librarians in the University Library alone.

In the *Senate Assembly Rules, Article 1, Membership*, the following criteria for membership appears for Research Scientists:

“Research personnel who hold Primary Research rank (Assistant Research Scientist, Associate Research Scientist, Research Scientist, Senior Associate Research Scientist, Senior Research Scientist, Distinguished Senior Research Scientist) and have a full-time appointment as a regular staff member shall be designated as members of the University Senate.”

As you can see, many ranks of Research Scientists are included in the Senate, including the Assistant Research Scientist.

Please let us know what further action is required to grant Assistant Librarians membership in the Faculty Senate at the University of Michigan. We are happy to supply additional information as needed.

Sincerely,

Susan M. Hollar, Curriculum Integration Coordinator
Librarian Representative to Senate Assembly
University Library
8076-A Hatcher South
Ann Arbor, MI 48109-1205
734.936.2371
shollar@umich.edu

C. Olivia Frost, Associate Dean & Professor
School of Information, University of Michigan
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March 23, 2006

Bruno Giordani, M.D.
Chair, SACUA
6048 Fleming, 1340

Dear Bruno,

Thank you for the opportunity to comment on the role of the Clinical Track faculty in the Medical School. Permit me to frame this with a bit of a historical background.

Michigan was the first University and Medical School to own and operate a hospital which you could trace back to 1869 when one of the original four faculty buildings on the campus was turned into a dormitory for patients undergoing surgery in the Medical School. At that time the Medical School curriculum consisted of a two-year program of lectures with an apprenticeship after which the five or so faculty members would vote on graduation. As the conceptual basis of medical practice grew with germ theory, pathology, physiology, and pharmacology, medical care became more sophisticated. By the turn of the century as the idea of the research university was taking hold, the hospital was indeed much more complex, the faculty was larger, and the Medical School program had expanded to four years of a graded curriculum of which the last two years consisted of bedside and operating room experience. Naturally the faculty grew to support the expanding missions both in the clinical realm and in the new research arena. It was becoming very clear even at that point in time that four years of medical school was not enough to produce the next generation of physicians, and internships and residency programs developed to fulfill that unmet need.

By the mid 20th century our 1,000 bed hospital in this small town was one of the crown jewels of medical education and clinical practice worldwide. Formal training programs in almost every conceivable specialty were in place responding to the growing complexity and specialization in medical practice. In 1986 our fifth iteration of teaching hospital opened up alongside our existing children's hospital and women's hospital. By this point in time there was no question that the career defining educational piece in the career of a physician was *residency training*. We now have about 650 medical students, 300 plus Ph.D. students, 1,000 residents in every critical facet of modern medical practice, and 446 postdoctoral fellows. Our faculty teach those

learners as well as others in many instructional milieus including classrooms, seminars, laboratories, outpatient clinics, operating rooms, hospital bedsides, and clinical conferences such as grand rounds or morbidity and mortality conferences.

When our Medical School began in 1850 its five faculty members were all full professors and all men. Tenure as a concept did not exist in academia and, interestingly, the Michigan medical faculty was probably the first fulltime medical faculty anywhere in the world with a primary mission of teaching the next generation of physicians. Faculty in general and medical faculty in particular became more structured organizationally in the ensuing years with subordinate ranks to full professorship. In 1915 the AAUP articulated its first tenure statement with an expectation of job protection and freedom of expression in academia. Our own Board of Regents in December of 1941 defined lengths of employment for faculty at various levels: for lecturers or instructors the term of employment was one year or less; the assistant professor was given a limited appointment of one, two, or three years; and associate professors and professors had indeterminant tenure (no fixed term). This was defined in section 5.09 of the Regents' Bylaws. The first clock reference in the Regents' Bylaws, to my knowledge, occurred in December of 1942 when the Regents approved and adopted revised Bylaws (section of 5.091) outlining the "procedure in cases of dismissal or demotion; procedures shall be followed in all cases of dismissal or demotion of assistant professors or instructors who had been on the staff in the assistant professor or the instructor grade, or both, for six years or more..." Thus, it seemed to the Regents that these faculty members were not merely "at will" employees but employees with special rights in terms of requiring special procedures necessary for dismissal or demotion.

The clock "flexed" in 1944 when Regents' Bylaw 5.091 changed to read "procedure in cases of recommendation of dismissal, demotion, or terminal appointment; ...dismissal, demotion, or terminal employment of an instructor or assistant professor after he has served on the faculty a total of eight years..." Since then we have been living with that tenure probationary period of eight years. At that time of inception of this period of 8 years, the average time for promotion in the university was 3-5 years – thus 8 years must have seemed reasonable.

In 1974 it was evident enough to the University and its Regents that the University including the Medical School needed an additional cadre of faculty members with a predominately research mission yet functioning hand-in-hand with the Instructional

Track faculty. This new faculty track was called the Primary Research Track. In 1986, with the opening of the new Hospital and the expanded clinical complexity of teaching and obligations for care, a Clinical Track was formed.

As we have looked at the timing for promotion from assistant to associate professor in all three tracks we observed that promotion tends to occur around or just after six years regardless of track. This implies to us that there is a sort of *quantum unit* of peer recognition and scholarly work (academic product) that normally translates into promotion to the senior level of the faculty whether in the Instructional Track, Research Track, or Clinical Track. It is our belief that we have a single faculty. Class differences within a faculty are not conducive to the teaching, scholarship, clinical care, or citizenship to which we aspire in the Medical School. Indeed in the hallways, conference rooms, bedsides, and cafeteria one's faculty track is generally invisible. The two tracks aside from our Instructional Track have not only allowed us to accomplish our missions robustly but have also increased our diversity as well as allow us to grow and respond to a changing environment in medicine. The three faculty tracks are different human resources categories that seem to allow us to match a career path to an individual. The bottom line for us is that Clinical Track faculty allow us to deploy our teaching, research, clinical care, and organizational missions of the Medical School and Health Center. Without the Clinical Track we could not do what we need to do. The criteria for appointment and promotion are explained in the attached document. In fact as we audit our yearly appointment and promotions we find parallelisms in all of our three faculty tracks in terms of timing for promotion and degree of scholarly product.

Clearly tenure is the ultimate commitment or gift that an institution can give to a faculty member. Yet in a Medical School and Health System not every valuable faculty member will aspire to this nor can achieve it. With diminishing general funds it is probably not wise for this University to increase its tenure commitment. On the other hand most clinical faculty members have a revenue stream that is probably far more secure than a faculty member who depends on grant funding. We need our Clinical Track and contend that it affords little risk to the University. In the 20 years that the Clinical Track has grown (it is still a bit of a work in progress) we find a huge variation in the types of careers within this track. Some members of the Clinical Track are heavily grant funded and known internationally in their fields. Others have more modest regional careers and are key players in our teaching and clinical domains. In many instances a Clinical Track faculty member has found his or her ideal fit in our Medical

School and Health System and is happy to remain as an assistant or associate professor. These faculty members may have some what asymmetric careers that are more heavily clinical and clinical teaching than scholarly, but it is scholarly work by and large that propels academic promotion on any of our tracks. Clinical Track faculty are key citizens of the Medical School and, as I said, the track distinctions are generally invisible within our walls. We think it would make good sense for the University to permit clinical faculty to have complete faculty status within our University. Indeed the Regents have recognized this by offering contracts up to seven years in length for these faculty members. No doubt the seven years was chosen so not to conflict with the eight-years in Regents Bylaws 5.09. Clinical Track faculty members are superb citizens in the Medical School, they are among our most effective teachers whether in the classroom for early medical students or in the clinics for high level residents. Scholarly work is mandatory for ascent in the Clinical Track yet we have some very effective members at the lower or intermediate ranks who do relatively little scholarly work but make up for this in terms of the other three legs of the table namely clinical work, teaching, and organizational service.

Faculty governance in the Medical School is outlined in the University of Michigan Medical School Bylaws (<http://www.med.umich.edu/medschool/faculty/bylaws/bylaws.pdf>). The term Faculty shall include members of the Executive Faculty, Emeritus Faculty, and the Supplemental Faculty of the Medical School. The term Executive Faculty (Regents' Bylaw 11.37) shall include those members of the Medical School who are members of the Professorial Staff, the Clinical Staff, and Research Staff. The Executive Faculty shall also include instructors on the instructional and clinical tracks, lecturers and clinical lecturers who have appointments of halftime or more and who have been appointed for more than one year. The term Clinical Staff shall include all persons holding regular appointments as professors, associate professors, assistant professors on the clinical track. The Clinical Staff shall also include instructors on the clinical track who have appointments of half time or more and who have been appointed for more than one year. On the Medical School Executive Committee the Clinical Track has one elected member at the associate professor or professor level with full voting rights since 2002. There is also a Medical School Advisory Committee on Clinical Track Appointments and Promotions since 1996 and now has nine elected members of the Clinical Track faculty at the associate professor or professor level and one Adjunct Clinical Track faculty appointed by the Dean's Office. Before that we had Clinical Track representation on the Medical School Advisory Committee for Appointments, Promotions, and Tenure from 1992-96.

RE: Medical School Clinical Track
March 23, 2006
Page 5

The Medical School has included the Clinical Track as a part of our faculty governance and we hope the Senate Assembly will consider the same. I would be glad to answer any questions in further detail. Thank you for the opportunity to bring these thoughts forward.

Best wishes.

Yours sincerely,

A handwritten signature in black ink, appearing to read "David", with a stylized flourish at the end.

David A. Bloom, M.D.
Associate Dean for Faculty
The Jack Lapidus Professor of Urology

DAB:srh
Attachment
cc: Edward M. Gramlich, Ph.D.
Allen S. Lichter, M.D.

APPENDIX C

Clinical Faculty Definitions and Appointment and Promotion Criteria

UNIT DEFINITIONS OF CLINICAL FACULTY/CLINICAL TRACK

College of Architecture and Urban Planning

From: Douglas Kelbaugh, Dean

Re: TCAUP Professor of Practice Appointments

The Regents of the University approved non-tenure track Practice appointments for TCAUP in 1997. The Practice appointment permits the appointment of faculty with exceptional professional skills who will make a multi-year commitment to the College. The Professor of Practice appointment is designed to recognize the need for instructional faculty whose contributions come primarily from professional expertise, rather than from research and scholarly activity.

While the University's clinical track titles are used in the records of the University, the College uses the following titles for internal purposes: Professor of Practice in Architecture and Professor of Practice in Urban Planning (along with the ranks of Associate Professor of Practice, Assistant Professor of Practice, and Instructor). The search process follows the protocols of the College as they apply to searches for instructional faculty.

Normally, the numbers of years of professional experience for appointment ranks are:

Instructor of Practice	less than three years
Assistant Professor of Practice	less than eight years
Associate Professor of Practice	more than eight years
Professor of Practice	more than ten years, and acknowledged leader in field

Promotions will be made on the basis of teaching contributions and university or public service. Criteria within these categories are identical to those applied to the tenure ranks within the College.

In order to insure a valuable contribution by these faculty members and to provide some economic security, appointments to the lower ranks (Instructor and Assistant Professor) are made for up to three years; appointments to the higher ranks (Associate and Full Professor) are made for up to five years. Notice of non-reappointment will be equivalent to that provided to the regular instructional faculty. All professor of practice appointments are made without tenure.

Persons with practice appointments are eligible to vote in faculty meetings if they hold appointments of one-half time or more, have held such appointments for at least two terms, and have been authorized to vote by the majority of the Governing Faculty. However, they may not vote on matters relating to issues of tenure.

From the College Policies & Procedures last updated July 10, 2002

School of Art and Design

FROM: *By-Laws of the Faculty of the University of Michigan School of Art & Design*

XII. CRITERIA AND PROCEDURES FOR PROMOTION, TENURE AND APPOINTMENT

RENEWALS

A. Academic Ranks

.....

7. Clinical/Practice Track Appointments

a) Statement of Principle

This track establishes a means whereby highly-qualified artists and designers can be engaged to help meet the school's continually evolving programmatic needs.

The expertise such practitioners bring to the School supplement the ongoing teaching activities of the School's tenured and tenure-track faculty.

This expertise might variously be highly-specialized and discipline-specific, multi-disciplinary or inter-disciplinary, or even of a more traditional generalist nature.

Clinical/practice track appointments are limited to a cap of 10% of the tenured and tenure-track faculty, or as modified and approved by a vote of the School of Art & Design governing faculty.

The School will not use the track in any instance in which the requirements of a position to be filled and the qualifications of suitable candidates clearly indicate the need for a tenured or tenure-track appointment, nor would the track be used in any way as a means of subverting the tenure process.

b) Articulation of Need

As the range of the School's programmatic offerings - both to its own students and to other students in the University - continues to expand, so does the need for additional, supplementary types of teaching expertise.

However, the character of such expertise does not necessarily lend itself to traditional academic criteria for advancement nor to the types of recognition and distinction regarded as necessary for the granting of tenure at the University of Michigan.

In light of this situation, the clinical/practice track is of great mutual benefit: the School can better plan for the intermediate-term future, while clinical/practice faculty would be provided with intermediate-term employment security, a meaningful role in the governance of the School, and full access to the benefits and resources of the University.

c) Titles

Titles for these appointments are Assistant Professor of Practice, Associate Professor of Practice, and Professor of Practice.

Titles are commensurate with appointees' experience, as evaluated by the Dean, Executive Committee, and relevant search committee.

d) Searches/Criteria for Re-appointment and Promotion

The search process follows standard University protocols for instructional faculty.

Appointment criteria are consistent with those for regular instructional faculty to the extent applicable.

All clinical/practice faculty are reviewed annually for consideration of possible merit increase in accordance with the University Standard Practice Guide.

Teaching proficiency in correspondence with programmatic needs of the School is the principle criterion for re-appointment and promotion in the clinical/practice track.

Service, professional accomplishment, and research activity is acknowledged and evaluated to the extent individually applicable in determination of merit increase and in consideration for re-appointment and promotion within this track.

Any consideration of promotion within the clinical/practice track coincides with consideration of contract renewal.

e) Terms of Appointment/Notice of Non-Reappointment

Clinical/practice track appointments will be without tenure.

Initial appointments are for up to three years. Subsequent appointments would be for periods of up to five years.

Notice of non-reappointment would follow standard University protocols.

f) Approvals

The Office of the Provost and Executive Vice President for Academic Affairs will approve all clinical/practice track appointments and all promotions within the clinical/practice track at the level of associate or full professors of practice.

g) Membership in Governing Faculty/Voting Privileges

Clinical /practice track faculty with appointments of 50% or greater are eligible to vote as members of the governing faculty in accordance with the School's Bylaws (except on issues pertaining to promotion and tenure).

Clinical/practice track faculty with appointments of 50% or greater are eligible to serve on any of the School's elected or standing committees (with the exception of the Executive Committee), all such service pending the approval of the Dean and Executive Committee.

h) Eligibility for Leave

In exceptional instances, clinical/practice track faculty may be granted scholarly/professional leave (with or without salary) at the discretion and upon the approval of the Dean and Executive Committee.

i) Benefits

Clinical/practice track faculty are eligible for staff benefits comparable to those of tenured and tenure-track faculty and would have access to the full resources of the University.

Reviewed by Office of the General Counsel

3/5/98

Reviewed by Academic Human Resources

3/6/98

Final Revisions reviewed and approved by SOAD Faculty

12/11/98

Approved by the Regents

January 1999

II. CLINICAL INSTRUCTIONAL TRACK

A. Definition of Clinical Instructional Track

The clinical instructional track (often referred to as the clinical track) in the School of Dentistry was instituted in 1992 and actively contributes to the clinical and teaching missions of the School of Dentistry, as well as to scholarship and administration. Although there is no mandated ascension in rank, ascent to senior level titles requires scholarly engagement and productivity as well as excellence in health care and teaching. Full time clinical instructional track faculty have no significant employment outside of the University of Michigan. Clinical instructional track faculty are not eligible for tenure.

B. Ranks in the Clinical Instructional Track

Clinical instructional track faculty are appointed in the School of Dentistry at the ranks of clinical lecturer, clinical assistant professor, clinical associate professor and clinical professor. These titles are to be used for appointments of .5 FTE or greater within the School of Dentistry.

Clinical Lecturer: A clinical lecturer is fully trained to provide clinical care and is qualified to participate in educational programs at the School of Dentistry. Appointment to this rank requires evidence that the individual has received an appropriate dental or dental hygiene education, graduate education where appropriate, and documentation of clinical competence and licensure. Certification by the relevant professional board must be pending or completed recognizing that exceptions for some internationally trained dentists/dental hygienists may be granted by the School of Dentistry. Competence in clinical and didactic teaching is expected. Letters from individuals with firsthand knowledge of the candidate are helpful in documenting the candidate's clinical competency, suitability for an academic dental environment, potential as a teacher and clinical role model, and potential for growth in clinical and scholarly areas. Scholarly activities such as publication in a candidate's professional field are encouraged but not required.

An appointment, reappointment, or promotion to clinical lecturer requires recommendation by the department chair, review by the School of Dentistry Appointment, Promotion, and Tenure (APT) Committee and School of Dentistry Executive Committee and approval by the Dean.

Clinical Assistant Professor: A clinical assistant professor has demonstrated ability in teaching and clinical practice. Ability and accomplishment in dental education are expected. Appointment or promotion to this rank requires evidence of clinical competence. Certification by a relevant professional board or the equivalent is a usual expectation at this rank, although this qualification may be in progress at the time of appointment according to the requirements of the relevant professional board. Letters, which may be from local sources, must attest to the quality of clinical practice. The candidate's teaching and organizational service to his or her department (here or at another institution) in areas related to clinical care and education should be documented. Invited presentations as well

as publication of articles in professional journals, chapters, reviews, abstracts, textbooks, videotapes, and other educational materials are evidence of scholarly engagement and are typical expectations of faculty at this rank. At times, documentation of exceptional teaching and service, *e.g.*, awards, citations, speaking invitations, may support an appointment at this rank for an individual who may not yet have produced scholarly works.

An appointment, reappointment, or promotion to clinical assistant professor requires recommendation by the department chair, review by the School of Dentistry Appointment, Promotion, and Tenure (APT) Committee and School of Dentistry Executive Committee and approval by the Dean.

An initial three year appointment is usual, with an appointment review completed by the end of the third year. If non-reappointment is suggested after the first review period, the Chair will send a letter of non-reappointment no later than the first quarter of the fourth year, a minimum nine month notice. Clinical instructional track reappointments at the level of assistant professor will be for additional terms of no more than four years each. Individuals at the clinical assistant professor rank are strongly encouraged to seek promotion before or during the seventh year after appointment.

In some instances, individuals at this rank may not meet the criteria for promotion but still make significant contributions to the teaching and service missions of the school; therefore, to maintain the rank of assistant professor on the clinical instructional track, individuals must continue to demonstrate teaching and service appropriate for their rank, and in addition should seek engagement in scholarly activity that may lead to promotion. Evidence may include (not listed in order of importance):

- favorable departmental evaluations of teaching and service contributions
- teaching portfolio with positive teaching evaluations by students and peer faculty
- receipt of teaching or service awards
- mentoring of dental students, dental hygiene students or graduate students
- service on department, School and/or University committees
- presentation of Continuing Education inside or outside of the University
- participation as a principal or co-investigator on established ongoing research projects
- attendance at national meetings
- development of novel teaching materials, *e.g.*, clinic manuals, CDs, videos
- practice in DFA
- participation as a reviewer or as editorial board member for reputable journals
- service on an IRB
- performance of significant administrative duties
- publication of original research, case reports, critical reviews, book chapters, invited editorials, abstracts, or table clinics
- active participation in professional organizations, including committee assignments or leadership
- oral or poster presentations at regional, national or international meetings

Clinical Associate Professor: A clinical associate professor has demonstrated excellence in teaching and clinical service. Typically, the candidate should have produced scholarship that influences knowledge and/or clinical care. Appointment or promotion to this rank requires evidence that development as a clinician has progressed to the point of establishing broad interdepartmental and regional recognition by professional colleagues. Typically, a reputation of this sort is documented by letters from impartial external sources; administration or leadership in local, regional, or national organizations; presentations on clinical topics at local, regional, or national meetings; and articles in professional publications. Although years in rank alone neither compels nor precludes advancement to clinical associate professor, promotion after less than five years in rank is based on extraordinary accomplishment produced during those years in rank.

Clinical associate professors are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. A person promoted to this level is likely to have achieved an ongoing influence on quality of dental service. Examples include leadership in organization of clinical services, improvements in quality of care, measurements of outcomes of patient satisfaction, and involvement in utilization management activities. Contributions in these areas are documented by relevant peers.

Evidence of continued contribution to dental education is expected. This may be through customary teaching situations (lectures, clinical instruction of students and residents, mentorship pairing, or scholarly work with trainees) or through the preparation of educational materials, including educational brochures and learning aids, textbook chapters, reviews, videotapes, Web based learning, and other instructional interfaces. Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by letters from appropriate knowledgeable faculty, students, and peers.

Evidence of excellence in clinical service or teaching may include favorable departmental evaluation, formal awards for performance, or invitations to speak at professional meetings or other institutions. In general, scholarship should be judged with the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or some other mode of communicating results and ideas.

An appointment, reappointment, or promotion to clinical associate professor requires recommendation by the department chair, review by the School of Dentistry Appointment, Promotion, and Tenure (APT) Committee and School of Dentistry Executive Committee and approval by the Dean and the Provost and Executive Vice President for Academic Affairs.

An initial three year appointment is usual, with an appointment review completed by the end of the third year. If non-reappointment is suggested after the first three year period, the Chair will send a letter of non-reappointment no later than the first quarter of the fourth year (minimum nine-month notice). Clinical instructional track re-appointments at the level of the associate professor will be for additional terms ranging from one to seven years in duration, with five years or seven years reappointment being the norm. Reappointments

in the associate professor rank are made by the department chair and are approved by the Executive Committee.

Although there is no requirement for ascension in rank, individuals at the clinical associate professor rank are strongly encouraged to seek promotion by the seventh year following initial appointment to that rank.

Clinical Professor: A clinical professor performs teaching and clinical service as described for clinical associate professor, usually over an additional period of five-to ten-years and has attained further regional or national recognition for teaching and clinical expertise. Typically, the same qualitative criteria used for the clinical associate professor apply with expected quantitative differences in the number and impact of achievements. Service in regional or national dental societies, associations or boards is typical. Faculty at this level often have substantial products of their scholarly activity that have been subjected to peer review and that have resulted in broad peer recognition in the area of clinical dentistry or dental education. Scholarship should be judged on the basis of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or other modes of communicating observations, investigations, results, and ideas.

An appointment, reappointment, or promotion to clinical professor requires recommendation by the department chair, review by the School of Dentistry Appointment, Promotion, and Tenure (APT) Committee and School of Dentistry Executive Committee and approval by the Dean and the Provost and Executive Vice President for Academic Affairs.

An initial three year appointment is usual, with an appointment review completed by the end of the third year. If non-reappointment is suggested after the first three year period, the chair will send a letter of non-reappointment no later than the first quarter of the fourth year (minimum nine month notice). Clinical instructional track reappointments at the level of professor will be for additional terms of one to seven years in duration, with five years or seven years reappointment being the norm. Reappointments to the clinical professor rank are made by the department Chair and are approved by the Executive Committee.

C. Criteria for Appointment and Promotion in the Clinical Instructional Track

The criteria for appointment and promotion in the clinical instructional track will be applied with an emphasis on the impact of the nominee on his or her professional environment. This impact may be in the teaching arena, in professional activity usually manifested by clinical care, in service, *e.g.*, organizational, administrative, community, volunteerism, or in scholarship. Supporting letters must specifically address how the nominee made an impact, with a detailed description of the work and its influence. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

In exceptional circumstances, for a faculty member who has had a profound effect on his or her environment in the role of clinician or educator, this alone may qualify the candidate

for appointment or promotion, with such extraordinary service offsetting the usual expectation of some scholarly activity. In this case, letters of support must explain the individual's impact with great detail and specificity.

Although tenure is not a facet of the School of Dentistry clinical instructional track, the University and the School of Dentistry envision parallelism between the clinical instructional track, the regular instructional track, and the research track in the mechanics of appointment and promotion. Long-term (up to seven years, renewable) commitments can be made in this track.

1. Teaching

Faculty are expected to be knowledgeable about the literature in their field of expertise. The faculty member should demonstrate the ability to assimilate and integrate this knowledge and the ability to teach such knowledge effectively. Successful teaching of dental students and residents is a cornerstone of the clinical instructional track. Educational excellence may be demonstrated in a variety of settings. The educational roles of clinical faculty may involve a broad range of educational activities targeted at diverse audiences such as organizing or participating in local or regional Continuing Education activities or developing patient education tools, health profession education modules, or public health education programs. In addition to the usual peer sources, letters from former trainees or from colleagues may document educational impact.

The criteria for teaching effectiveness that will be considered in evaluation are quality, innovation, impact upon students, and level of responsibility. Evaluation will be made in all areas of the faculty member's assignments including classroom teaching, laboratory and clinical teaching, course coordination, seminar leadership, supervision of individual student projects, supervision of thesis or dissertation research, service on thesis or dissertation committees, and development of instructional materials. Inclusion of documentation of teaching effectiveness that highlights the development and improvement of teaching quality will be required at the time of the faculty member's promotion review.

a. Quality

The foundation of excellent teaching is mastery of the subject, including an in-depth knowledge of the current literature in one's discipline. Essential components of the teaching effort are use of appropriate methods of instruction, effective planning and organization, appropriate methods of evaluation, and adequate feedback to students. Teaching of superior quality may be characterized by:

- utilization of highly effective oral, visual, and written communication techniques
- stimulation of critical thinking and problem solving
- encouragement of conceptual comprehension as well as factual recall
- encouragement of students to raise questions and express ideas
- performance of duties with enthusiasm and energy

b. Innovation

Teaching excellence includes some degree of innovative effort on the part of a faculty member. Examples of innovations in teaching are:

- utilization of new technology to improve teaching effectiveness
- development of new courses and programs or unique learning experiences
- use of educational research -- development of methods to evaluate individual teaching, courses, or curriculum

c. Impact Upon Students

Teaching should have a positive effect on students. The qualities of teaching that have positive influences on the student are numerous and may be difficult to measure. Some information regarding the qualities of teaching that are exhibited by a particular faculty member can be gained through informal observation, but a more complete appraisal may be obtained through formal evaluation of teaching. Examples of favorable student-faculty interaction are:

- student pursues independent study as a result of interaction with the faculty member
- students provides unsolicited favorable evaluation of faculty

Desirable characteristics of teachers include, but are not limited to:

- presents a balanced point of view
- treats students with respect
- provides constructive criticism without belittling or causing discomfort to the student
- extends teaching effort beyond the class, clinic, or laboratory assignments
- promotes multiculturalism through actions
- is fair, reasonable, and timely, in evaluation of students
- monitors student progress in a timely fashion; guides and provides supportive activities when appropriate
- compliments students for appropriate contributions or performance
- continually evaluates his/her own teaching
- promotes academic integrity and professional development

Student input in faculty evaluation is essential, but is only a portion of the information considered. Such input must be considered with the other measures of the quality of teaching.

d. Level of Responsibility

The level of responsibility assigned to the faculty member is a consideration in the promotion process. The extent to which the faculty member's responsibilities contribute to the teaching programs of the School is of importance, *e.g.*, directing a course or having primary responsibilities for a teaching program.

2. *Scholarly Activity*

Scholarly engagement in relevant professional arenas is typical of senior level clinical instructional track faculty members. Research achievements, though not required of entry level clinical faculty members, are a welcome addition to their records. With rare exceptions (see page 11, section C., paragraph 2) promotion to the senior levels of the clinical instructional track requires scholarly engagement and productivity.

Scholarly activity is a central mission of a research university, therefore, all faculty should engage in scholarly activity. The quality of any scholarly activity should be determined by peer review. Scholarship has two major components:

- the compilation, synthesis, and transferal of current knowledge, and
- the generation of new knowledge through original research and publication of the findings

Promotion to the senior levels of the clinical instructional track, with rare exception, requires scholarly engagement and productivity. Quality of scholarship or academic achievement is evidenced by

- published and other creative work
- success in training graduate and professional students in scholarly methods
- participation and leadership in professional associations
- editing of professional journals

a. Compilation, Synthesis, and Transferal of Current Knowledge

All scholarly activity supports teaching and professional service. The compilation, synthesis, and transferal of current knowledge is one aspect of this activity that contributes to and advances scholarship. Such scholarly work might take many forms that may include:

- abstracts of oral or poster presentations at regional or national meetings
- the publication of textbooks
- book chapters, E-Books
- educational websites
- review articles
- case reports
- development and documentation of new technical and clinical procedures
- instructional materials (if published in peer-reviewed publication)
- documentation of standards of care or evidence-based practice

b. Original Research and Publication

Research is the generation of new knowledge, through use of the scientific method. Such research may be basic, applied, behavioral, clinical or in health services. It culminates as

manuscript publication in refereed scientific journals. A reasonable and consistent level of research productivity is required; however, it is the quality of the investigative activity that is of primary importance in evaluation. In addition, the research should have a focus. Other evidence of a significant research record may include:

- invitations to present one's research at other universities or major scientific meetings;
- receipt of awards or other special recognition for outstanding scholarly activity;
- a record as a productive independent investigator or collaborator
- a record of primary or senior author status on a significant number of publications and co-authorship on others; specific numbers of publications in each case are not as important as the quality and significance of the work
- publication of research abstracts

3. *Service*

Many organizational service activities are appropriate to faculty in the clinical instructional track, such as participation in committee work, IRB's administrative tasks, counseling, and special training programs. Activities (such as leadership of or service on a quality assurance, risk management, or utilization review committee) also pertain to this type of service. In addition, the University also expects many of its staff to render extramural services to other schools, industry, governmental agencies, relevant professional organizations and the public at large. Examples include:

- memberships and offices held in professional societies
- public service activities that relate to the health of the general public
- continuing participation and leadership roles in medical/dental service organizations
- appointment as a section or symposium chairperson

a. *Clinical Activity*

A clinical instructional track faculty member's work is usually dominated by clinical responsibilities and a high level of clinical competency is expected in all ranks. Clinical excellence may be documented by letters from University of Michigan faculty and current or former colleagues as well as former trainees. Letters typically attest that the nominee is considered by the dental community as a clinical resource, is sought out for clinical expertise, and has a strong referral base. By their nature these letters will often come from sources that have personal knowledge of the individual's clinical skills and character. A clinician is a role model for dental students and must demonstrate collegiality, integrity, professional excellence, respect for diversity, engagement in community, and commitment to individual learning and scholarship.

Faculty members are expected to provide patient care within the University system. Patient care will be evaluated only when it is an assigned responsibility of the faculty member. Examples of activities relating to patient care include:

- certification by specialty board or achievement of Diplomate status
- awards that recognize clinical expertise

- consultation as requested by other faculty members
- membership on a professional examining board
- service as a consultant on patient care, *e.g.*, third-party payment groups, courts, health care organizations
- innovations to make clinical patient care more efficient and effective

b. Continuing Education

Continuing education is a special responsibility of the School of Dentistry and its faculty members. The state, the profession, and the general public depend on the School for help in maintaining high standards of clinical practice in this area of health care delivery. Continuing education is both an instructional and public service activity that the School of Dentistry is uniquely qualified to provide. Continuing education, as a special responsibility, may not be applicable to all faculty members. This area will be evaluated when appropriate.

CLINICAL-TRACK INSTRUCTIONAL FACULTY

These titles are to be used for clinical-track appointments of 0.5 FTE or greater in the School of Dentistry.

Clinical instructional faculty are appointed at ranks of clinical instructor, clinical assistant professor, clinical associate professor and clinical professor. With the exception of clinical instructor, qualifications at each rank are consistent with those of the tenure-track instructional faculty, but more consideration is given to performance as a teacher/clinician than to research productivity. Evidence of scholarly activity that relates to preclinical/clinical teaching and/or patient care is a necessary condition for promotion to the upper ranks of the clinical instructional faculty.

An alternate path to appointments to the clinical-track is the transfer of an assistant professor from the tenure-track at or before the end of the initial three-year appointment. This alternate path would be at the discretion of the department chair, with the agreement of the faculty member, and subject to recommendation by the Executive Committee and the Dean and approval by the Provost and Executive Vice President for Academic Affairs.

Promotional review requires a minimum of three years in rank.

Clinical Instructor

This rank is appropriate for individuals who have met the following requirements:

- a completed dental degree or degree in dental hygiene,
- an interest in and potential for teaching and clinical care.

Past teaching experience is not required. An initial three-year appointment is usual, reviewed in the second year for a reappointment to a second term of up to four years, and reviewed in the seventh year for promotion or notice of non-reappointment.

Clinical Assistant Professor

This rank is appropriate for individuals who have met the following requirements:

- a minimum of three years clinical experience or certificate or advanced degree beyond the professional degree;
- the potential for excellence in teaching;
- the potential to provide service – DFA, hospital, CE, School committees;
- the potential to lecture and organize course materials and to serve as a course and/or program director;
- membership in professional societies;
- the potential to give table clinics, poster presentations, scientific presentations, etc. at regional and national meetings.
- the potential for academic productivity.

An initial three-year appointment is usual, reviewed in the second year for a reappointment to a second term of up to four years, and reviewed in the seventh year for promotion or notice of non-

reappointment.

Clinical Associate Professor

This rank is appropriate for individuals who have substantially met the requirements for clinical assistant professor and who also have:

- established a record of clinical accomplishments that is expanding to regional and national exposure or a record of clinical excellence as recognized by peers;
- documented evidence of excellence in teaching;
- documented evidence of scholarly activity as a primary author and/or a collaborator on articles, case reports, videos, chapters in books; development of innovative educational materials, teaching techniques, methods of care delivery, or practice management; grant writing participation; development of new advances and/or new techniques in clinical dentistry);
- a continued and growing role in service – DFA, positive contribution to CE, active role on School committees or professional committees;
- membership in professional societies or academies and participation in national or regional meetings;
- been a significant contributor to clinical programs and/or courses, or development of the profession;
- an ability to mentor less experienced faculty.

An initial three-year appointment is usual, reviewed in the second year for a reappointment to a second term of up to four years, and reviewed in the seventh year for promotion, notice of non-reappointment, or consideration for reappointment.

Clinical Professor

This rank is appropriate for individuals who have substantially met the requirements for appointment as clinical associate professor and who also have:

- established continued evidence of clinical accomplishments recognized at a national level or clinical excellence as recognized by peers;
- established continued competency and leadership in dental education, as recognized by students and peers;
- established scholarly activity in the role as a primary author and major collaborator (as defined previously) which has led to recognized prominence in a clinical area;
- established a significant service role – DFA, recognized contribution to CE, recognized leader on School committees or professional committees;
- evidence of national activity in professional societies or academies and programs;
- a proven ability to mentor less experienced faculty;
- evidence of clinical responsibility in directing programs and courses;
- assumed an administrative role in directing a clinical program or program development.

An initial three-year appointment is usual, reviewed in the second year for a reappointment to a second term of up to four years. Further appointments can be made of one to seven years' duration.

University of Michigan School of Education

GUIDELINES FOR REAPPOINTMENT AND PROMOTION OF CLINICAL FACULTY

The creation of the clinical faculty track in the School of Education at the University of Michigan recognizes the unique contribution these individuals can make to the School's high quality professional education programs by supporting the development of outstanding practitioners in the field of education. The School recognizes that these individuals possess special knowledge, qualifications, and experiences that enhance the expertise base in the School. Clinical faculty help the School achieve its mission by contributing in many ways, including:

- helping to prepare teachers and other education professionals;
- assisting in the design and management of School of Education programs;
- supporting outreach to schools and other educational institutions;
- rendering service to local, state, national, and international educational agencies; and
- producing professional scholarship tied to educational practice.

The School of Education seeks to retain and promote clinical faculty members who are outstanding professionals committed to addressing practical and theoretical issues pertaining to educational practice. Clinical faculty are not eligible for tenure, but their contributions are essential to the School of Education. Therefore, decisions about reappointment and promotion of clinical faculty will be made only on the basis of a careful, comprehensive evaluation process.

Areas Of Evaluation And Performance Expectations

In making recommendations for reappointment with or without promotion, the whole record of each candidate will be reviewed. The categories to be considered for all candidates seeking reappointment or promotion are teaching, service, and scholarship. More specifically, candidates are expected to provide evidence of excellence in teaching, meritorious service and recognized accomplishment in scholarship. For some candidates whose assignments involve major administrative responsibilities, a fourth category – program administration – will also be considered.

Reappointment with Promotion

For promotion from Clinical Associate Professor to Clinical Professor, a sustained record of excellent teaching, meritorious service, and recognized scholarship that collectively brings distinction or recognition to the School of Education must be demonstrated. To warrant a recommendation for reappointment with promotion from Clinical Assistant Professor to Clinical Associate Professor, a candidate must demonstrate excellence in teaching; meritorious service and recognized accomplishment in applied scholarship, to the extent deemed appropriate for the level of reappointment, are also necessary. In both cases, administrative responsibilities should be considered whenever it is appropriate to do so.

Reappointment without Promotion

For reappointment as a Clinical Professor, excellent teaching, meritorious service and recognized accomplishment in applied research and scholarship are all required. For the reappointment

without promotion of a Clinical Assistant Professor or Clinical Associate Professor, excellence in teaching is required, and the categories of service and scholarship also apply with the expectation both that the service and scholarship are appropriate for the level of reappointment and that the candidate is on a clear trajectory toward being meritorious in service and recognized for accomplishment in the area of applied scholarship. In all cases, administrative responsibilities should be considered whenever it is appropriate to do so.

Evidence

Below are descriptions and examples of the types of evidence a candidate might use in each area of evaluation to support a recommendation for reappointment and/or promotion. These descriptions and examples are intended to be illustrative rather than exhaustive. Given the nature and variety of responsibilities among clinical faculty within the School of Education, candidates should be given considerable latitude in assembling evidence that accurately reflects their responsibilities and contributions.

Excellent Teaching

For reappointment and/or promotion, a candidate must demonstrate excellence in teaching. The evaluation of teaching excellence should consider a candidate's contributions to the design and enactment of superior courses and demonstrated commitment to the growth and development of School of Education students as emergent leaders in fields of educational practice or scholarship.

Evidence demonstrating excellence in teaching should document the nature and impact of the full range of the candidate's teaching, advising and mentoring. Of special import are ways in which clinical faculty blend attention to and forge connections between educational scholarship and educational practice in their course development and teaching activity. Clinical faculty should also document ways in which their course development, teaching, and advising/mentoring incorporate exceptionally promising or innovative practices.

Evidence related to the quantity and quality of a candidate's teaching should include artifacts that document significant course and program development work; descriptive data on the number of courses and students taught, with commentary describing the contributions that these courses make to the School of Education; methodologically sound evaluations provided by students (such as via the E & E process). Evidence might also include portfolios of student accomplishments; other forms of documented impact on students in courses; and recognition of teaching quality from external sources. In addition, as part of the reappointment and promotion process, evaluations of teaching will be sought from peers (either tenure-track faculty or clinical faculty), including assessment of course syllabi and related documents and documented observations of teaching performance.

Evidence related to the quantity and quality of a candidate's advising or mentoring of students should include data on the number of students advised/mentored, descriptions of the nature of the academic and professional advice/mentoring provided, and reports of the impact of the advising/mentoring on the students.

Meritorious Service

For reappointment and/or promotion, a candidate must demonstrate meritorious service that supports the mission of the School of Education. The evaluation of meritorious service should

consider a candidate's contributions within the School of Education, as well as contributions to other educational institutions and the larger professional community.

Evidence demonstrating meritorious service should document the nature and impact of the candidate's local, regional, and national service activities. Of special import are ways in which clinical faculty create or enhance productive connections between the university and the educational practice communities in their service to local, state, national, and international educational agencies. Clinical faculty should also document ways in which their service activities contribute to the improvement of educational programs in the School of Education by supporting outreach to schools and other educational institutions.

Evidence of service to the life of the School of Education might include documented contributions as a member of committees or task forces, work on special projects of the School, or the occasional performance of special tasks. Evidence of service as a member of a university committee or task force could also be provided. Evidence of service to other educational institutions might include consulting with local schools, school districts, or postsecondary institutions; providing expert assistance to state or national departments of education; or serving on committees or task forces convened by education agencies. Evidence of service to the profession might include contributing to the operation of state, national, or international professional organizations; serving as a member of a committee in a professional organization; or serving as an officer or member of a board of directors in a professional organization.

Recognized Accomplishment in Applied Scholarship

For reappointment and/or promotion, a candidate must demonstrate accomplishment in scholarly activities that are closely tied to educational practice. Given the nature of the appointments and responsibilities of clinical faculty, their scholarly focus and scholarly productivity are expected to be somewhat different from that of tenure track faculty. Nevertheless, clinical faculty in the School of Education are expected to make substantive contributions in this area. The evaluation of accomplishment in applied scholarship should consider a candidate's contributions across a broad range of types of practice-oriented scholarship.

Evidence of accomplishment in applied scholarship can reasonably include publications, presentations, or grants to support or enhance integration and interaction between scholarship and educational practice in School of Education programs and projects. Evidence of accomplishment in applied scholarship might include published materials of various kinds, including articles in academic journals or journals for educational practitioners; books, chapters in books, or manuals that focus on educational practice; or instructional materials. Evidence of scholarly presentations might include those made at state, regional, national, or international conferences of professional organizations or to policy bodies. Evidence of obtaining external funds might include grants to support teaching, service, or research related to educational practice.

Evaluation in this area should be based on the quality rather than the quantity of a candidate's applied scholarship. A large quantity of scholarly activity may be viewed with favor, but quantity will not outweigh quality in the evaluation of accomplishment in applied scholarship. The School of Education will judge quality by considering the reputation of the publications in which scholarly work appears and the conferences in which presentations are made; and assessments of the impact of the candidate's scholarship. In addition, as part of the reappointment and

promotion process, evaluations of scholarship will be sought from external reviewers (either tenure-track faculty or clinical faculty).

Program Administration

Some clinical faculty have positions that require substantial administrative duties and responsibilities. In such cases, administrative effort and responsibilities will be explicitly considered in evaluating a candidate for reappointment or promotion. In particular, candidates should document their accomplishments in program administration, so that they can be evaluated as part of the process.

It should be recognized that those who carry substantial administrative duties will generally not be able to spend as much time on teaching, service, and scholarship; expectations should be adjusted accordingly. Although the quantity of teaching and service and the productivity of scholarship may decrease because of administrative responsibilities, no one will be reappointed or promoted unless the quality of their teaching, service and scholarship is judged to be high. There should be no doubt about the candidate's capacity to produce excellent teaching, meritorious service, and recognized accomplishment in applied scholarship should his/her administrative responsibilities be reduced.

**THE UNIVERSITY OF MICHIGAN
SCHOOL OF EDUCATION
PROMOTION AND/OR REAPPOINTMENT TIMELINE
CLINICAL FACULTY
2005-2006**

May 2	Candidates applying for promotion and/or reappointment notify the Dean and their Program Chair in writing of their intention.
By May 16	Candidates meet with Program Chairs to discuss procedures and generate a list of names, addresses, telephone numbers, and e-mail addresses of 4 internal and 8 potential external reviewers.
Late May	Promotion and Tenure Committee (PTC) meets with the Dean and Program Chair/s to discuss procedures and select external reviewers for each candidate.
June	PTC members contact and secure agreement of external reviewers.
By July 10	Candidates submit to Dean's Office ten (10) copies of materials to be sent to external and internal reviewers. Candidates also submit one copy to the Program Chair. (See Clinical Faculty Guidelines).
By September 2	Candidates applying for promotion and/or reappointment submit one hardcopy of their complete promotion and/or reappointment materials and signed Checklist to the PTC through the Deans' Office. (See Clinical Faculty Guidelines). Any of these materials that are available electronically should also be submitted on a disk.
By September 9	External and Internal Reviewers letters are due to the PTC
By September 16	Program Chairs submit cover sheet and program evaluation/recommendation to the PTC. PTC members begin to read candidates' promotion and/or reappointment materials.
October-November	The PTC reviews materials for each candidate and meets to prepare its evaluations and recommendations.
Late December	The PTC forwards all promotion and/or reappointment materials to the Dean, along with a report summarizing the essential points used in determining the Committee's recommendation. The Dean forwards a copy of the report (redacted of identifying information) to the candidate for review and possible response.
EARLY January	Candidates submit to the Dean their written response or written notification that they do not intend to respond by January 2, 2006 .
January/February	Chair of the PTC attends an Executive Committee meeting and reviews the process used in making recommendations. The Executive Committee reviews each candidate's materials including any responses received. The Executive Committee votes to accept/reject the recommendations set forth by the PTC. The Dean notifies each candidate of the Executive Committee action and discusses next steps.
March 1	The Dean submits final recommendations regarding promotion and/or reappointment to the Provost. Should the Dean disagree with the decision of the Executive Committee on a candidate, the Dean will submit a separate file on that candidate to the Provost.

**University of Michigan
School of Education**

**REAPPOINTMENT AND PROMOTION OF CLINICAL FACULTY
CHECKLIST OF CANDIDATE'S FILE**

Overview of Clinical Faculty Member's File

1. A statement by the candidate that:
 - Explains his or her philosophy of teaching and program development, with illustrative examples drawn from aspects of his or her practice,
 - Summarizes his or her teaching responsibilities,
 - Describes evidence of impact of his or her teaching,
 - Summarizes his or her service activities,
 - Explains how the service activities relate to his or her appointment,
 - Summarizes his or her scholarly accomplishments, and
 - Discusses how the scholarship relates to his or her teaching.
2. A copy of the candidate's Curriculum Vitae
3. Copies of the candidate's Faculty Annual Reports and associated annual feedback letters from the Program Chair
4. Supporting documentation for teaching
 - Enactment of teaching activities
 - Teaching impact:
 - Course and program development
 - ^a Mentoring
5. Supporting documentation for administration and program development
 - a. Description of program development
 - b. Description of administrative responsibilities
6. Supporting documentation for service
7. Supporting documentation for applied research and scholarship
8. Evaluations from internal and external reviewers

University of Michigan Division of Kinesiology

A. Faculty Classifications and Definitions

There are two classifications of faculty within the Division, instructional and research. The instructional faculty of the Division is classified as Regular Instructional Faculty, Professor of Practice and Supplemental Instructional Faculty. The research faculty members of the division are in the Research Scientist track (the Division does not utilize the Research Professor track). If teaching is part of the duties of a research faculty member, it is expected that an appointment to an instructional title will be arranged with the appropriate academic program and that the teaching and research units involved will coordinate to specify appointment fractions and compensation arrangements for teaching and research duties. Appointment to a non-tenure track instructional title covered by the Agreement with the Lecturers' Employee Organization (LEO) is governed by the terms of that Agreement.

1. Regular Instructional Faculty

The titles of professor, associate professor, assistant professor, instructor and lecturer are the ranks identified as "regular" instructional faculty.

a. Lecturer

The title of lecturer is given to a person who does not appropriately fall in the other ranks.

b. Instructor

The title of instructor is given to a person who holds a doctorate or its equivalent in professional experience, or who has completed a major part of the work toward a doctorate, and has shown evidence of special ability as a teacher or scholar. Appointments are without tenure. (SPG, 204.34-1).

c. Assistant Professor

The title of assistant professor is given to persons of proven ability who have acceptable experience (a) at the rank of instructor at the University, instructor or higher at another institution or (b) in professional work. Appointments are without tenure. (SPG, 201.34-1).

d. Professor and Associate Professor

The title of professor or associate professor is given only to persons of established professional position and demonstrated scholarly or creative ability. The difference between the two ranks is primarily one of achievement. Unless otherwise specified, appointments with these titles are with tenure. An appointment with either title may be made without tenure. (SPG, 201.34-

2. Professor of Practice

Faculty appointed to this track is typically professionals in fields related to Kinesiology. Positions in this track are identified by members of the governing faculty to address specific programmatic needs related to the educational mission of the unit. It is expected that contributions of faculty in this track will include but go beyond that of classroom instruction. In particular, contributions to Kinesiology should involve significant demonstrations of their professional expertise. Professor of Practice appointments are not tenure track appointments.

The Division of Kinesiology's Professor of Practice track is a set of internal working titles for clinical instructional appointments as described in Regents Bylaw 5.23 *Clinical Instructional Staff*. The titles described below are parallel to the clinical instructional titles as specified: Assistant Professor of Practice (Clinical Assistant Professor), Associate Professor of Practice (Clinical Associate Professor), and Professor of Practice (Clinical Professor).

There are three ranks for Professors of practice:

a. Assistant Professor of Practice

A person at this entry level is expected to have a strong academic or professional background, a recognized level of academic credentials, or professional skill and knowledge. S/he will be appointed to fill a programmatic need identified by the faculty, at a level comparable to that of a tenure-track assistant professor.

b. Associate Professor of Practice

Faculty members at this level have demonstrated continued excellence in their educational roles and in their professions. They have demonstrated growth of reputation and maturation, and have achieved national recognition in their appointed roles. Professional and academic achievements are commensurate with academic and professional achievements within the rank of Associate Professor.

c. Professor of Practice

Faculty members at this level are expected to demonstrate significant leadership, breadth and depth in their professional and academic contributions. Individuals in this rank should demonstrate national recognition for their contributions and high levels of expertise and demonstrated impact on the unit and in the field. Professional and academic expectations are commensurate with those at the rank of Professor.

School of Law

(1) Purpose of clinical faculty: Law school clinical faculty teach the school's clinical curriculum, a multi-level curriculum aimed at linking theory and practice in a series of courses emphasizing lawyering theory, practical skills and professional ethics. Students are required to take a first-year legal practice course, taught exclusively by clinical faculty, in which they learn legal research, writing and reasoning skills. Students then are eligible to enroll in the upper-level clinical courses and live-client clinical classes. In both the simulation classes and live-client clinics, the pedagogy is based on teaching students to learn from experience, by taking the lead counsel role in simulated or real client matters. Students plan and prepare for the lawyering in their cases, perform the tasks at hand, and then critique their own performances -- all under the close supervision of clinical faculty.

(2) Promotion criteria:

I. STANDARDS

A. Seven-Year Contracts:

A renewable seven-year contract may be granted to a person who has:

1. demonstrated excellence in clinical teaching;
2. demonstrated a capacity to administer a clinical teaching program; and
3. made a substantial contribution to the academic or professional legal community in at least one of the following ways or through comparable activities:
 - (a) publication of scholarly work regarding clinical education or a substantive area of law;
 - (b) participation in professional activities, such as drafting of legislative or administrative proposals, serving on public advisory committees or commissions or bar committees, participating in litigation that raises important questions of public policy, or participating, through publication or teaching, in continuing professional education;
 - (c) successful teaching of a non-clinical law-related course in the Law School or another department of a university.

B. Three-Year Contracts;

A three-year contract may be granted to a person who has:

1. demonstrated excellence in clinical teaching, and
2. demonstrated the potential for meeting all other requirements for a seven-year renewable contract.

C. Excellence In Clinical Teaching:

In determining whether a person has demonstrated excellence in clinical teaching, the following areas shall be considered: supervision of students' casework and legal writing, preparation and selection of teaching materials, selection of actual or simulated cases, instruction in classroom sessions and in clinical fieldwork, consideration of ethical issues in legal practice, contributions to the methods and substance of clinic teaching, and service to clients.

UNIVERSITY OF MICHIGAN MEDICAL SCHOOL OVERVIEW OF THE FACULTY TRACKS

The Medical School utilizes three faculty tracks in addition to several supplemental appointments and we will describe each of these separately. Faculty members are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. Respect for diversity and engagement in the community of the university and the world at large are the norms. Affirmative Action Guidelines apply to all tracks.

I. The *Instructional Track* was the original fulltime faculty track in the Medical School with ranks of assistant professor through professor (the instructor title is no longer utilized in this track). This track is governed by Regents' Bylaw 5.09 that mandates a tenure clock of eight years. This is the only faculty track for which tenure applies. The Instructional Track duties encompass instruction of medical students, graduate students, residents, and other trainees, scholarly activity that is typically manifested by medical research, organizational contribution to the mission of the Medical School, and in many instances professional work that usually relates to health care.

II. The *Research Track* began in the Medical School in 1974. The Medical School uses only the research investigator title in the research scientist track. Promotion beyond this rank ascends through the research professor track. As the title indicates, Research Track faculty have a predominant commitment to the research arena. Although there is no mandated ascension in rank, such ascension reflects achievements in research. Faculty members at the rank of research assistant professor and above are engaged in teaching missions within the context of research programs in the Medical School.

III. The *Clinical Track* began in 1986 and actively contributes to the clinical and teaching missions of the Medical School, as well as scholarship and administration. The ranks are instructor through professor. Although there is no mandated ascension in rank, ascent to senior level titles requires scholarly engagement and productivity as well as excellence in health care and teaching.

IV. The *Supplemental Appointments and Other Titles* are used for entry level faculty (lecturers/clinical lecturers) before assignment to the Instructional Track or Clinical Track or for special faculty appointments that fall outside the standard categories. Adjunct (or supplemental) faculty contribute to research and teaching missions of the Medical School while maintaining primary employment outside the Medical School. Visiting faculty spend specified lengths of time at the University of Michigan, usually before returning to their home institution.

I. INSTRUCTIONAL TRACK

A. Definition of the Instructional Track

The Instructional Track was the original fulltime faculty track in the Medical School. Members of this track are expected to make contributions to the Medical School in the areas of scholarly research, teaching, organizational service, and health care if it pertains to their professional field. Instructional Track faculty have no significant employment outside of the University of Michigan. Tenure may be granted by the Board of Regents to Instructional Track faculty at the ranks of associate professor or professor. Medical School faculty members assigned to the Ann Arbor Department of Veterans Affairs Medical Center or to the Howard Hughes Medical Institute are included in the Instructional Track, even though their salary support does not come from the University of Michigan.

Faculty in the Instructional Track are voting members of the Executive Faculty (governing faculty) and University Senate, and have representation on the Executive Committee of the Medical School and University Senate Assembly, and are candidates for tenure, sabbatical, and emeritus status.

B. Ranks in the Instructional Track

The Instructional Track includes three professorial ranks: assistant professor, associate professor, and professor. In the past some Instructional Track faculty were appointed as instructors but this is no longer the case inasmuch as two promotional events would be necessary during the eight-year pre-tenure period.

Assistant Professor

Assistant professor is the rank appropriate to a person who has demonstrated competence in teaching and scholarly activity, but has yet to achieve exceptional status as a teacher or regional/national recognition in their professional field. Persons who have begun to publish scholarly work and/or who may have had teaching responsibilities (e.g., seminars, bedside instruction, small group interactions, and/or didactic activities) before their initial faculty appointment, may begin their faculty careers at the rank of assistant professor. Some others achieve this rank by being appointed from the rank of lecturer/clinical lecturer.

Appointments to assistant professor, a tenure-track position, require review by the Advisory Committee on Appointments, Promotions, and Tenure (ACAPT) and approval by the Medical School Executive Committee.

Associate Professor

Appointment to associate professor is given only to persons of well-established professional position and demonstrated scholarly or creative ability that positively impacts their field. Those promoted or appointed to this rank must have achieved national recognition for scholarly accomplishment of significance as evidenced by: evaluations from independent national leaders in their field, national lectureships, memberships on editorial boards and peer review committees, significant involvement in peer organizations beyond membership, and scholarship. Scholarly independence or a strong collaborative contribution to a scientific team

effort is typical for associate professors. Usually this is evidenced by peer-reviewed publications published over the previous five years. For those with a predominate expectation of clinical or laboratory research a sustained level of external research funding is the norm. An associate professor must have demonstrated a significant contribution to the educational missions of this school or another medical school. If it pertains to their professional field, high quality clinical care or clinical service is expected. Persons with clinical responsibilities are board certified before they become associate professors, recognizing that exceptions may be granted by the Medical School Executive Committee for some internationally-trained physicians who do not fulfill American Board requirements, but bring critical expertise to the medical school. The associate professor signals the passage into medical academia's senior rank. Unless otherwise specified, appointments and promotions to associate professor are with tenure although persons may be appointed as associate professors without tenure.

Appointments and promotions to associate professor require review by ACAPT; approval of the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President; and approval by the Board of Regents.

Professor

Appointment to professor is given only to persons of nationally and internationally established professional reputation and demonstrated scholarly or creative ability. This title is our highest academic rank. All of the expectations for the associate rank pertain in equivalent or greater measure for the professor. The difference between the ranks of professor and associate professor is primarily one of ongoing achievement usually over a period of five-to ten-years; promotion to professor is not automatic after a certain time in rank as associate professor. A person appointed to the rank of professor must have demonstrated *continued* scholarship, productive research, contributions to the teaching mission, organizational service, and clinical care when relevant to career. This ongoing achievement is roughly equivalent in quantity to the accomplishments that gained the previous promotional step. National and international impact must pertain to this person's work. Continued and consistent publication that contributes significantly to an area of knowledge is essential. It is expected that the case for promotion to the professorial rank may reference the work done to achieve the rank of associate professor, but will be based largely on new work accomplished since the last promotional review. For those involved in clinical, educational, or laboratory research, sustained external funding is the norm. Unless otherwise specified, appointments and promotions to professor are with tenure; persons may be appointed as professors without tenure.

Appointments and promotions to professor require review by ACAPT; approval of the Medical School Executive Committee; endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President; and approval by the Board of Regents.

C. Criteria for Appointment and Promotion in the Instructional Track

Teaching, scholarship/research, and service are three areas examined in all appointment and promotion considerations. As we are a Medical School, contributions to health care and human welfare are also a substantial area of consideration for many of the faculty. Interdisciplinary work is a core value of a Medical School and this needs to be accounted for in the evaluative process. Some individuals of great value to our institution have truly outstanding performance and contributions in one area when compared with the norm of faculty performance in that area, yet the performance in other areas may be satisfactory only. A recommendation for appointment, promotion, or the award of tenure to a nominee with such an asymmetrical mix of qualifications must be justified by the department chair. In all cases, the minimum requirements must be met. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

1. *Teaching*

Essential qualifications for appointment or promotion are personal integrity and the ability to teach one's professional area of knowledge to relevant learning groups. Critical elements to be evaluated include experience, knowledge of subject matter, skill in presentation, interest in students, ability to stimulate youthful minds, capacity for cooperation, mentorship, and enthusiastic devotion to teaching. A teaching portfolio helps convey the scope of instructional accomplishment. The full responsibility of the teacher as a guide and friend extends beyond the walls of the classroom, laboratory, or clinical arena into other phases of the life of the student as a member of the University and world community. It also involves the duty of initiating and improving educational methods both within and outside the faculty member's department. Outcomes of instruction in the form of teaching evaluations can be described. Pedagogical research and funding are strong evidence of teaching expertise. The spectrum of instruction spans the gamut from premedical students and graduate students to established practitioners.

2. *Scholarship and Research*

All Instructional Track faculty must be individuals of scholarly ability and achievement. Scholarship may be categorized in terms of the scholarship of discovery (basic research), scholarship of integration, scholarship of application, and scholarship of education. The University of Michigan is a research university committed to extending and understanding the knowledge base of humanity. Accomplishment in scholarship is typically demonstrated by the quality and quantity of published and other creative work. Interdisciplinary work, success in training graduate and professional students (as attested to by academic/research positions obtained), participation and leadership in professional associations, and editing of professional journals are measures of success and stature in scholarship. Peer reviewed papers and grant funding are strong evidence of scholarship with high impact. Independent and peer-reviewed funding is the norm in research-based careers. There should be a strong prediction of continued excellence throughout the faculty member's professional career.

3. *Service*

Service may consist of organizational service in the Medical School and University, in the public sector, or in the national organizations of a faculty member's peer group. Service may include participation in committee work and other administrative tasks, counseling, internal

review boards, and special training programs within the Medical School and University. The University also anticipates that many of its instructional faculty will render extramural services to other schools, industry, relevant professional organizations, governmental agencies, and the public at large. These services may be paid (within University guidelines), advisory, or volunteered. Organizational and volunteer services are of importance, although given less weight in promotion and appointment decisions than are teaching, scholarship, and clinical activities, when relevant to career.

4. *Health Care/Clinical*

Many faculty have a professional role related to health care, generally in terms of clinical responsibility, teaching or research. Competence is expected at entry levels in the faculty ladder and excellence is expected at the higher levels. Excellence is evidenced by documentation from independent authorities in the relevant field, regional reputation, and published work of clinical successes, innovations, or insights.

II. RESEARCH TRACK

A. Definition of the Research Track

The Research Track in the Medical School consists of four ranks: research investigator, research assistant professor, research associate professor, and research professor.

Research faculty actively contribute to the Medical School research and teaching missions. Research faculty appointments are intended for individuals whose primary activity is research; but who also teach and mentor within the context of research in the Medical School. Substantive curricular teaching in the Research Track may be reflected in a fractional appointment in another track.

Research faculty (except for research investigators) are voting members of the Executive Faculty and University Senate, have representation on the Executive Committee of the Medical School and University Senate Assembly, and are candidates for emeritus/emerita status. They do not qualify for sabbatical leave.

B. Ranks and Criteria for Appointment and Promotion of Research Faculty

Research faculty must have achieved or demonstrated the potential for independence, autonomy, and excellence in initiation, direction and completion of research projects. Research faculty are clearly headed for, or have already established themselves in, independent academic research careers. A record of substantial teaching and mentoring within the context of one or more research programs (e.g. laboratory bench science, social science, or other disciplinary settings) with postdoctoral fellows, junior research colleagues, or students at any level is an expectation in the Research Track.

1. Research Scientist Track

Research Investigator

A person appointed to the position of research investigator must hold a doctoral degree or its equivalent in professional and technical experience, has shown potential to develop as an independent researcher, and who typically has completed two to three years of postdoctoral work. A record of publications is expected of persons appointed to this rank, along with evidence of potential for obtaining external funding. A person appointed as a research investigator should have a specific role in a project that could be developed under a specific mentor. Candidates for research investigator are not expected to have a record of instruction or service, although achievement in these areas is a welcome addition.

Research investigator positions are intended for persons for whom a full-time career in independent research is expected. Appointments are recommended by the department chair or unit head, within the constraints of University appointment procedures, and must be endorsed by the Office of Faculty Affairs, and approved by the Dean.

2. Research Professor Track

With regard to teaching/mentoring duties, the criteria by which the Medical school assesses individuals in the research track are specified below.

Criterion for the rank of Research Assistant Professor:

Expectation of substantial teaching and mentoring within the context of one or more research programs (e.g. laboratory bench science, social science, or other disciplinary settings) with postdoctoral fellows, junior research colleagues, or students at any level.

Criterion for the ranks of Research Associate Professor and Research Professor:

Record of substantial teaching, mentoring, and supervision within the context of one or more research programs (e.g. laboratory bench science, social science, or other disciplinary settings) with postdoctoral fellows, junior research colleagues, other trainees, medical students, or students at any level.

The term substantial with regard to teaching and mentoring is measured in two ways.

1. Quantity (i.e. that there should be evidence of a significant amount of teaching and/or mentoring), and;
2. Quality (i.e. that the teaching and/or mentoring done by the individual is effective and has significant impact on the students, fellows and colleagues being taught).

Research Assistant Professor

Candidates who are appointed or promoted to this rank must have demonstrated evidence of independence in research or progress toward independence that predicts continued growth (e.g. junior grants, mentored grants). They must have a record of publications in peer-reviewed journals. Regular participation at professional meetings is expected. Candidates for research assistant professor should show promise of ability to obtain external funding, typically in the form of initial competitive fellowships or grants, and evidence that they can conduct independent research. Contributions to instructional and organizational service are typical. Candidates at this rank will have an expectation of substantial teaching and mentoring within the context of one or more research programs (e.g. laboratory bench science, social science, or other disciplinary settings) with postdoctoral fellows, junior research colleagues, or students at any level.

Appointments and promotions to research assistant professor are recommended by the Advisory Committee on Primary Research Appointments, Promotions, and Titles (APRAPT) and endorsed by the Medical School Executive Committee, and approved by the Dean.

Research Associate Professor

Appointment or promotion to this rank requires independent, distinguished, and productive research. There should be clear evidence of independent external funding as a principal investigator past the level of initial research grants and fellowships, in the form of, for example, grants, subprojects, program projects, and center programs. There should be a strong record of publication in peer-reviewed journals, including numerous first author and senior author publications and evidence that this accomplishment will continue. Many researchers appointed

or promoted to research associate professor also have a substantial record of book chapters, abstracts, and textbook co-authorships.

A research associate professor must have produced research that has achieved a national reputation. A candidate for this rank should have a record of invited national lectures, seminars, study sections, and *ad hoc* reviews. Candidates at this rank will have a record of substantial teaching and mentoring within the context of one or more research programs (e.g. laboratory bench science, social science, or other disciplinary settings) with postdoctoral fellows, junior research colleagues, or students at any level. Substantial mentoring/teaching and service contributions (including committee service and the quality of mentoring and teaching specified above) are typical of this rank, but cannot substitute for distinguished research performance. The research associate professor signals the passage into medical academia's senior rank.

Appointments and promotions to research associate professor must be recommended by APRAPT; endorsed by the Medical School Executive Committee, the Dean, the Executive Vice President for Medical Affairs; and approved by the Vice President for Research, the Provost and Executive Vice President for Academic Affairs and the President of the University.

Research Professor

Appointment and promotion to this highest rank in the Research Track requires an internationally recognized record of continued excellence and independent accomplishment in research. A research professor should have a substantial record of first author and senior author publications in peer-reviewed journals. A research professor should also appear as principal or co-principal investigator on center grants or major grants (e.g. NIH RO1). National and international lectures, seminars, study sections, and *ad hoc* reviews are usual features of a research professor career. Research professors typically perform mentoring, supervising, and teaching, as described above, in a number of venues.

Appointments and promotions to research professor must be recommended by APRAPT; endorsed by the Medical School Executive Committee, the Dean, the Executive Vice President for Medical Affairs; and approved by the Vice President for Research, the Provost and Executive Vice President for Academic Affairs, and the President of the University.

Additional Criteria for Appointment and Promotion

Excellence and independence in research (or the potential independence in the case of the junior ranks) are the primary criteria for appointing and promoting of research faculty. Contribution to the educational mission is an expectation of faculty appointed and promoted in the research track. Organizational service responsibilities of the Medical School is also expected of the research faculty for the sake of their own development as scientists and to enrich and invigorate the intellectual climate and reputation of the University. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

III. CLINICAL TRACK

A. Definition of the Clinical Track

The Clinical Track actively contributes to the clinical and teaching missions of the Medical School and also participates in scholarship and administration. Although there is no mandated ascension in rank, scholarly engagement and ascent in rank are typical. The University is the sole employer of Clinical Track faculty. Appointments are made for up to seven years and are renewable.

Faculty in the Clinical Track are voting members of the Executive Faculty of the Medical School and have representation on the Executive Committee of the Medical School. They are not members of the University Senate and do not participate in the election of representatives to the University Senate Assembly, and do not qualify for sabbatical leave. Clinical privileges in the units are granted only by the Medical Staff Executive Committee on Clinical Affairs (ECCA). Clinical Track faculty may be candidates for emeritus/emerita status.

B. Ranks and Working Titles in the Clinical Track

The Clinical Track includes four ranks: instructor, assistant professor, associate professor, and professor. The official title (Assistant Professor, Clinical Track) is used on all appointment, promotional, human resources, and other official correspondence. Routine correspondence (e.g., patient correspondence, scholarly work, etc.) can use shorter working title – Assistant Professor without identifying track.

Instructor

An instructor is fully trained to provide clinical care and is qualified to participate in educational programs at the University of Michigan Medical School. Appointment to this rank requires evidence that the individual has received an appropriate medical and graduate medical education and documentation of full clinical competence. Certification by the relevant professional board must be pending or completed, recognizing that exceptions for some internationally trained physicians may be granted by the Medical School. Evidence of competence in clinical and didactic teaching is expected. Letters from individuals with firsthand knowledge of the candidate are helpful in documenting the candidate's clinical competency, suitability for an academic medical environment, potential as a teacher and clinical role model, and potential for growth in clinical and scholarly areas. Publications in a candidate's professional field are encouraged but not required.

Instructor appointments are made by the department chair or unit head, within the constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs.

Assistant Professor

An assistant professor has demonstrated ability in teaching and clinical service. Ability and accomplishment in medical education are expected. Appointment or promotion to this rank requires evidence of clinical competence beyond that of an instructor. Certification by a relevant professional board or the equivalent is a usual expectation at this rank, although this qualification

may be in progress at the time of appointment according to the requirements of the relevant professional board. Letters, which may be from local sources, must attest to the quality of clinical service. The candidate's teaching and organizational service to his or her department (here or at another institution) in areas related to clinical care and education should be documented. Invited presentations as well as publication of articles in professional journals, chapters, reviews, abstracts, textbooks, videotapes, and other educational materials are evidence of scholarly engagement and are typical features of faculty at this rank. At times, documentation of exceptional teaching and service (e.g., awards, citations, speaking invitations) may support an appointment at this rank for an individual who may not yet have produced scholarly publications.

Appointments and promotions to assistant professor are reviewed by the Advisory Committee on Clinical Track Appointments and Promotions (CLINACAP) and approved by the Medical School Executive Committee.

Associate Professor

An associate professor has excelled in teaching and clinical service, and has achieved recognition in these areas. The candidate should have produced scholarship that influences knowledge and/or clinical care. Appointment or promotion to this rank requires board certification or the equivalent and evidence that development as a clinician has progressed to the point of establishing broad interdepartmental and regional recognition by professional colleagues. Typically, a reputation of this sort is documented by letters from impartial external sources; administration or leadership in local, regional, or national organizations; presentations on clinical topics at local, regional, or national meetings; and articles in professional publications. Although years in rank alone neither compels nor precludes advancement to associate professor, promotion after less than five years in rank is based on extraordinary accomplishment produced during those years in rank.

The associate professor signals the passage into medical academia's senior rank. Individuals at this rank are expected to be role models of collegiality, integrity, scholarship, and excellence in their professions. A person promoted to this level is likely to have achieved an ongoing influence on quality of medical service. Examples include leadership in organization of clinical services, improvements in quality of care, measurements of outcomes or patient satisfaction, and involvement in utilization management activities. Contributions in these areas are documented by relevant peers.

Evidence of continued contribution to medical education is expected. This may be through customary teaching situations (lectures, clinical instruction of students and residents, mentorship pairing, or scholarly work with trainees) or through the preparation of educational materials, including educational brochures and learning aids, textbook chapters, reviews, videotapes, web based learning, and other instructional interfaces. Administration and organization of teaching programs are also valued activities, and creativity in their execution can be documented by letters from appropriate knowledgeable faculty, students, and peers.

Evidence of excellence in clinical service or teaching includes favorable departmental evaluation, formal awards for performance, and invitations to speak at significant meetings or institutions of distinction. Scholarship should be judged with the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or some other mode of communicating results and ideas.

Appointments and promotions to associate professor are reviewed by CLINACAP; approved by the Medical School Executive Committee; and endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President.

Professor

A professor performs outstanding and regular teaching and clinical service as outlined above, usually over an additional period of five-to ten-years and has attained further regional or national recognition for teaching and clinical expertise. Typically, the same qualitative criteria used for the associate professor apply (see above) with expected quantitative differences in the number and impact of achievements. Service in regional or national specialty societies or boards is the norm. Faculty at this level often have many products of their scholarly activity that have been subjected to peer review and that have resulted in broad peer recognition in the area of clinical medicine or medical education. Scholarship should be judged on the basis of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures, or other modes of communicating observations, investigations, results, and ideas.

Appointments and promotions to professor are reviewed by CLINACAP; approved by the Medical School Executive Committee; and endorsement by the Dean, the Executive Vice President for Medical Affairs, the Provost and Executive Vice President for Academic Affairs, and the President.

C. Criteria for Appointment and Promotion in the Clinical Track

The criteria for appointment and promotion in the Clinical Track will be applied with an emphasis on the impact of the nominee on his or her professional environment. This impact may be in the teaching arena, in professional activity usually manifested by clinical care, in service (organizational, administrative, community, or volunteerism for example), or in scholarship. Supporting letters must specifically address how the nominee made an impact, with a detailed description of the work and its influence. Longevity in a rank or position is not sufficient evidence of accomplishment or merit for promotion.

Although tenure is not a facet of Medical School Clinical Track, the University and the Medical School envision parallelism between the Clinical Track, the Instructional Track, and the Research Track, not only in accomplishments but also in the mechanics of appointment and promotion. Long-term (up to seven years, renewable) commitment can be made in this track.

Teaching

Successful teaching of medical students and residents is a cornerstone of the Clinical Track. In the senior ranks; sophisticated and broad-based educational achievement is expected with the creation/integration of new (clinical) knowledge and the teaching of other teachers. Educational excellence may be demonstrated in a variety of settings. Some Clinical Track faculty will have assigned responsibility for teaching individual medical students and house officers or for organizing and leading clinical educational programs. The educational roles of other clinical faculty may involve a broad range of educational activities targeted at diverse audiences such as organizing or participating in local or regional CME activities or developing patient education tools, health profession education modules, or public health education programs.

In the Adjunct Clinical Track, sufficient involvement in the educational program of the department is defined as a minimum of *50 hours of direct participation* in clinical education per year or an *equivalent contribution* to the academic mission of the Medical School, as documented by the department chair or unit leader. In the Clinical Track, the required teaching may be provided in a one-on-one manner in the course of delivering clinical care or as otherwise defined by the chair of the department.

In addition to the usual peer sources, letters from former trainees or from colleagues may document educational impact.

Clinical Work

A clinical faculty member's work is usually dominated by clinical responsibilities and a high level of clinical competency is expected in all ranks. Clinical excellence may be documented by letters from UM faculty and current or former colleagues as well as former trainees. Letters typically attest that the nominee is considered by the medical community as a clinical resource, is sought out for clinical expertise, and has a strong referral base. By their nature these letters will often come from sources who have personal knowledge of the individual's clinical skills and character. A clinician is a role model for medical students and must demonstrate collegiality, integrity, professional excellence, respect for diversity, engagement in community, and commitment to individual learning and scholarship.

In exceptional circumstances, for a faculty member who has had a profound effect on his or her environment in the role of clinician or educator, this alone may qualify the candidate for appointment or promotion, with such extraordinary service offsetting the usual expectation of some scholarly activity. In this case, letters of support must explain the individual's impact with great detail and specificity.

Service

Many organizational service activities are appropriate to faculty in the Clinical Track, such as participation in committee work, IRBs, administrative tasks, counseling, and special training programs. Medical staff activities (such as leadership of or service on a quality assurance, risk management, or utilization review committee) also pertain to this type of service. In addition, the University expects many of its staff to render extramural services to other schools, industry, governmental agencies, relevant professional organizations, and the public at large. Examples include:

- Memberships and offices held in professional societies.
- Continuing participation and leadership roles in medical service organizations (e.g., American Cancer Society, Planned Parenthood, American Red Cross).
- Public service activities that relate to the health of the general public.

Scholarship

Scholarly engagement in relevant professional arenas is typical of senior level Clinical Track faculty members. Research achievements, though not required of entry level clinical faculty members, are a welcome addition to their records. Promotion to the senior levels of the Clinical Track requires scholarly engagement and productivity. Excellence in scholarship or academic achievement is evidenced by published and other creative work, the range and variety of intellectual interests, success in training graduate and professional students in scholarly methods, and participation and leadership in professional associations and in editing of professional journals. The ideal clinical professor is a scholar, engaged in life-long professional learning related to some aspect of the human condition. Such individual scholarship is an essential part of the clinical professoriate, as it professes its work through instruction, demonstration, and role modeling for the next generation of physicians.

IV. SUPPLEMENTAL APPOINTMENTS AND OTHER TITLES

A. Definitions of Supplemental and Other Titles

Supplemental Titles are used for entry level faculty before assignment to one of the three principal tracks (e.g. lecturers/clinical lecturers) or for special faculty appointments that fall outside the standard categories.

Clinical Lecturer

Some faculty members are appointed as clinical lecturers by the Medical School before moving into the Instructional Track or Clinical Track. Clinical lecturers have shown competence as teachers and hold a doctoral degree or its equivalent in professional and technical experience. An appointment as a clinical lecturer does *not* start the tenure clock for a faculty member. If a person is appointed clinical lecturer as the result of a normal, open, national search process that includes posting, advertising, and efforts to secure a diverse applicant pool, an Affirmative Action document is filed at the time of the initial appointment as clinical lecturer. Otherwise, the clinical lecturer must compete in a national search process in order to be recommended for appointment at a higher rank.

Appointments of clinical lecturers are the prerogative of the department chair or unit head, within constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs. The appointments are for one year and are renewable, usually for up to four years.

Lecturer

The lecturer title pertains to those individuals whose sole responsibility is to teach in an academic setting.

Appointments of lecturers are the prerogative of the department chair or unit head, within constraints of University appointment procedures, and must be approved by the Dean's Office of Faculty Affairs. The appointments are for one year and are renewable, usually for up to four years.

Visiting I

- This title may be used in conjunction with all instructional, clinical, and research titles.
- Appointees to this title *must* have employment responsibilities with another institution of higher education and are usually on leave from that institution. (e.g. A professor from UCSF who is here for a six month sabbatical.)
- Appointees may be full-time, with a maximum length of appointment of one year or less.
- Written requests to extend appointments beyond one year may be granted under unusual circumstances. Such requests must specify what contributions the visiting faculty member has made, why an extension is needed, and what provisions are being made for allocation of space and for payment of any salary.

Visiting II

- This title may be used in conjunction with all instructional, clinical, and research titles.
- Appointees to this title *must* have explicitly temporary employment responsibilities at this institution and have no other affiliations within or outside the University.

- Appointees may be full-time, with a maximum length of appointment period of one year or less.
- Written requests to renew appointments beyond one year may be granted under unusual circumstances. Such requests must specify what contributions the visiting faculty member has made, why an extension is needed, and what provisions are being made for allocation of space and for payment of any salary.

Adjunct

According to the Regents' Bylaws (Sec. 5.22 Adjunct Professorships and Sec. 5.23 Clinical Instructional Staff):

- Require annual renewal.
- Are part-time (less than 50%).
- Used for the Instructional Track, Clinical Track, or Research Track.
- May be compensated or uncompensated.

Further Special Notes on Adjunct Faculty

Increased collaboration between the University and industry has resulted in requests for faculty appointments in the Medical School from qualified employees of industrial companies. These appointments should enhance the Medical School's instructional programs and foster research collaboration with industry. Adjunct appointments are appropriate for individuals with special talents to provide this industrial interface. People whose primary employer is a for-profit organization should be appointed only as adjunct faculty.

In 1990, the Medical School Executive Committee compiled procedures, privileges, and restrictions for adjunct faculty whose primary employment is with an industrial organization. At the time of appointment, there must be full disclosure of all details of employment status so that any potential for conflict of interest can be prospectively addressed. Ownership of intellectual property must be thoroughly disclosed: the nominating chair should define claims to patent ownership and royalties and should identify eligibility to publish and present findings. Appointment of adjunct faculty as principal investigators on University extramural grants will not occur under ordinary circumstances. Any University space, for example, must be requested by the department chair of the prospective adjunct faculty and must be used primarily for the academic benefit of the department and the Medical School.

Adjunct faculty are generally *not* eligible for clinical privileges at the UMHS or VAMC. Adjunct faculty may be involved in medical education, graduate medical education, or clinical research in the clinical setting at UMHS, but they should *not* be the attending of record or responsible for the delivery of patient care.

Adjunct faculty are not voting members of the Executive Faculty of the Medical School, may not serve on the Executive Committee of the Medical School, are not members of the University Senate, nor participate in the election of representatives to the University Senate Assembly.

Adjunct Instructional Track

Adjunct Instructional Faculty appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists

employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities.

Adjunct Research Track

Adjunct Research Faculty appointments are made when an individual's primary employment responsibilities lie outside the University. This appointment indicates that the individual is working for a limited portion of his/her time (part-time) on a research project housed in the Medical School. Adjunct appointments may be made at any research faculty rank, but must be consistent with the individual's professional qualifications as specified in this document.

Adjunct Clinical Track

Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is not the sole employer. These appointments are at 0% to 49% effort, are for no longer than one year, are renewable, and are without tenure. Ranks in the Adjunct Clinical Track follow the same guidelines mentioned above and must fulfill the 50 hours of teaching requirement per year. Even though appointments in this track are not mandated to follow the Affirmative Action procedures of the University, it is the policy of the Medical School to seek as diverse a group of people as possible as teachers and role models for students.

Adjunct Clinical Associate

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings. Adjunct Clinical Associates are usually community physicians.

Clinical Associate

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings. Clinical Associates are employees of the University of Michigan.

Emeritus

An honorary title received upon retirement (assistant professor, associate professor, professor, research professor, associate professor-Clinical Track and professor-Clinical Track) given by the Regents on recommendation of the School. An "active status" appointment may be requested for retirees who wish to continue their clinical, research, or service activities to the institution. An active appointment is necessary if the retiree requires clinical privileges, receives payment for clinical services or teaching, or continues to be formally involved in research grant activity.

B. Supplemental Appointments

Supplemental appointments are made under the same criteria as appointments in the regular tracks to which they correspond. For example, the criteria for a visiting or adjunct associate professor are the same as for an associate professor in the Instructional Track: the recommendation packet has the same documents and the approval procedure is the same. ACAPT, APRAPT, or CLINACAP has jurisdiction according to whether the supplemental appointment is an instructional, research, or clinical appointment.

No Appointment Activity Record (AAR) is required for any supplemental appointment, but departments are urged to be aware of the need for diversity among UMHS faculty.

C. Supplemental Promotions

Visiting faculty, appointed for a year or less, are normally not involved in any promotion considerations. The appointment of each adjunct faculty member, however, is subject to annual review and renewal. A request for promotion to a higher level may be made, with documentation, as would be required in the corresponding regular track. An adjunct associate professor, for instance, must meet the requirements of an Instructional Track associate professor promotion.

D. Joint Appointment Criteria

Joint appointments are implemented in a secondary or tertiary department for instances of substantial and ongoing academic or clinical collaboration beyond routine collegial interactions. The primary or home department usually is responsible for the paperwork. Joint appointments are extraordinary, they are not used for perfunctory title dissemination or routine recruitment enticements. They may be funded or unfunded (dry). Joint appointments, without tenure, can be initially requested for up to three years, and can be administratively renewed for additional years at the request of the department.

GLOSSARY

Adjunct

Adjunct appointments are used to supplement teaching in a specific field; to facilitate research collaboration with individuals in other units of the School or University, with individuals at other educational or health care institutions, or with scientists employed by industry; or to permit faculty or trainees who are leaving the University to complete ongoing educational or research responsibilities. Adjunct appointments are part-time appointments (less than 50%).

Adjunct Clinical Track

Adjunct Clinical Track faculty are usually in the private practice of medicine outside the University of Michigan; in other words, the University is not the sole employer. These appointments are at 49% or less. Ranks in the Adjunct Clinical Track follow the same guidelines as the Clinical Track below.

Clinical Associate

A non-faculty title given to a health care provider under special circumstances by the Medical School to provide health care in university outpatient settings.

Clinical Care

The provision of health services and medical care to patients or experimental subjects.

Clinical Lecturer

A preliminary entry level position to the faculty ladder.

Clinical Track

Supports the clinical and teaching missions of the Medical School. There are four faculty ranks within this track: instructor, assistant professor, associate professor, and professor.

Emeritus/Emerita

An honorary title after retirement (assistant professor, associate professor, professor, research professor, associate professor-Clinical Track and professor-Clinical Track, given by Regents on recommendation of School.

Instructional Track

Members of this track are expected to make contributions to the Medical School in the areas of scholarly research, teaching, organizational service, and clinical care as it pertains to professional fields of study. There are three faculty ranks within this track: assistant professor, associate professor, and professor.

Joint Appointments

Are implemented in a secondary or tertiary department for instances of substantial and ongoing academic or clinical collaboration, beyond routine collegial interactions.

Lecturer

A preliminary entry level position to the faculty ladder. This title is used for individuals who have primarily didactic teaching roles.

Research

- n. scholarly or scientific investigation or inquiry. close careful study.
- tr. to study thoroughly so as to present in a detailed accurate manner.

Research Track

Supports the Medical School research and teaching missions. There are four faculty ranks within this track: research investigator, research assistant professor, research associate professor, and research professor.

Scholarship

1. The methods discipline, and attainments of specialists in branches of knowledge.
2. Knowledge resulting from study and research in a particular field.

Supplemental Titles

Special faculty appointments that fall outside the standard categories (e.g. visiting/adjunct).

Tenure

May be granted by the Regents to Instructional Track faculty at the ranks of Associate Professor or Professor.

Tenure Probationary Period (Tenure Clock)

The maximum probationary period of Instructional Track faculty consists of service with the University for a total of eight years in the ranks of assistant professor or higher.

Visiting I

Appointees to this title *must* have employment responsibilities with another institution of higher education and are usually on leave from that institution.

Visiting II

Appointees to this title *must* explicitly have temporary employment responsibilities at this institution and have no other affiliations within or outside the University.

ACADEMIC RANKS
CLASSIFICATION OF INSTRUCTIONAL STAFF

I. Regular Instructional Staff

A. **Assistant Professor**

The title of assistant professor is given to a person of proven ability and acceptable experience who holds a doctoral degree or its equivalent in professional experience and who has demonstrated special ability as a teacher and as a performer, conductor, composer, choreographer, scholar, actor, director, designer, or clinician. The appointment may be for up to three years. If the appointment is a “tenure track appointment,” a formal third-year review must be undertaken by the department in the third-year and a review for promotion and tenure must be undertaken in the sixth-year of the appointment. *See Promotion and Tenure Guidelines for further information.*

B. **Associate Professor**

The title of associate professor is given to a person who has met the requirements for appointment as an assistant professor and who has established (1) an unequivocal record of excellence in teaching, (2) a distinguished record of creative or professional activity or research, (3) a satisfactory record of service, and (4) a reputation among his or her peers as an outstanding performer, conductor, composer, choreographer, scholar, actor, director, designer, or clinician. The appointment will carry tenure automatically **unless otherwise specified**. An individual appointed from outside The University of Michigan will normally be appointed without tenure, will receive a review in the third-year of the appointment, and may be reappointed without tenure for a total of up to seven years. Tenure review may take place in the sixth or seventh-year of the appointment, or sooner upon recommendation of the chair, dean, and Executive Committee and with agreement of the candidate. *See Promotion and Tenure Guidelines for further information.*

C. **Professor**

The title of professor is given to a person who has met the requirements for appointment as an associate professor and who has established (1) a sustained and unequivocal record of excellence in teaching, including work with advanced students, (2) a sustained and distinguished record of creative or professional activity or research, (3) a satisfactory record of service, and (4) a reputation among his or her peers throughout the nation as an outstanding performer, conductor, composer, choreographer, scholar, actor, director, designer, or clinician. The appointment will carry tenure

automatically, except that an individual appointed from outside the University of Michigan may be appointed without tenure and may be reappointed without tenure for a total of up to seven years.

D. **Instructor**

The title of instructor is given to a person who holds a doctorate or its equivalent in professional experience, or who has completed a major part of the work toward a doctorate, and has shown evidence of special ability as a teacher or scholar and as a performer, conductor, composer, choreographer, actor, director, or designer. Appointments are made either for one term or, in the case of persons of proven ability, for not more than two years. Appointments are without tenure. They shall be appointed by the President upon recommendation by the dean and Executive Committee.

E. **Lecturer**

The title of lecturer is given to resident or non-resident appointees who have demonstrated qualifications for part-time or full-time service, often to fill temporary needs, but for whom another rank would not be appropriate. The appointment will be made for one term, one year (Lecturer I), two years (Lecturer II), or three years (Lecturer III) and may be renewed. Appointment as a lecturer is not a tenure-track appointment. Lecturer appointments will be made in accordance with the agreement between the University of Michigan and the Lecturer Employees Organization (Bylaw 5.08.2; SPG 201.13; SPG 201.34-1)

II. **Supplemental Instructional Staff**

A. **Adjunct Professor, Adjunct Associate Professor, Adjunct Assistant Professor**

The modifier "adjunct" is attached to the appropriate professorial ranks for appointees who are identified primarily with professional activities or with institutions other than the University of Michigan but who are responsible for the major share of the teaching of at least one course per year. The appointment will be made for one term or one year and may be renewed by the dean on the recommendation of the chair/director of the appropriate department. Appointment as an adjunct faculty member is not a tenure-track appointment. Adjunct appointments will be made in accordance with the agreement between the University of Michigan and the Lecturer Employees Organization. **Promotion criteria shall be consistent with those for regular instructional ranks to the extent applicable.**

B. **Adjunct Lecturer**

The title of "adjunct" lecturer is attached to appointees whose primary responsibilities lie outside the University or in another capacity within the University in order to supplement the instructional program.

Appointments are made for one year or less and are without tenure. Adjunct lecturers may be reappointed by the dean on the recommendation of the chair/director of the appropriate department. Adjunct appointments will be made in accordance with the agreement between the University of Michigan and the Lecturer Employees Organization. **Promotion criteria shall be consistent with those for regular instructional ranks to the extent applicable.**

- C. **Clinical Instructional Staff [Board of Regents Bylaws 5.23 and 5.01]** - An academic unit may be authorized to appoint clinical instructional staff to support its instructional program only if a policy authorizing such appointments has been adopted by the school, college, or division in accordance with the bylaws of that unit and appointed by the President, upon recommendation of the appropriate dean. Clinical appointments are at appointment fractions of 50% or higher and are without tenure. The following titles may be used for clinical appointments: clinical professor, clinical associate professor, and clinical assistant professor. Appointments to the clinical track are for a fixed term, cannot exceed seven years in duration, and may be renewed. Further definition of the rights and responsibilities of clinical faculty, not inconsistent with the Bylaws of the Board of Regents, may be addressed by the bylaws of the academic units. Clinical instructional staff appointments may not encompass more than ten (10) percent of the total regular instructional staff, and guidelines for making new clinical instructional staff appointments are the same as for regular instructional appointments at the associate professor and professor level (see **Faculty Appointments**). **Appointment, reappointment, and promotion criteria shall be consistent with those for the regular instructional staff to the extent applicable.** In accordance with University policies and procedures, (1) clinical instructional staff may be reviewed for promotion if all relevant parties are in agreement and the appointment remains at 80% or more; or (2) clinical instructional staff may be reviewed for reappointment at their current rank. Clinical instructional staff in the School of Music will enjoy exactly the same governance and voting privileges as apply to faculty members currently. Clinical Track faculty in the School of Music ARE NOT ELIGIBLE FOR SABBATICALS, but a Scholarly Activity Leave (with or without salary) may be granted upon recommendation of the chair/director and dean and approval by the Executive Committee. **(The School of Music's recommendation was approved by the Board of Regents in May 1998.)**

- D. **Visiting Professor, Visiting Associate Professor, Visiting Assistant Professor, Visiting Lecturer**

The term “visiting” is used for persons primarily identified with another institution of higher education who assume some teaching responsibility at the University of Michigan and for persons whose employment with the University will be explicitly temporary. The specific conditions of all

these appointments are determined by each school and college, **but these appointments are for one year or less** and may be extended only under very unusual circumstances at the request of the dean and submitted to Academic Human Resources and Affirmative Action, who will confer with the Provost before granting approval. They are not tenure-track appointments. (SPG 201.34-1)

School of Nursing

The purpose for establishing a clinical track appointment sequence within the School of Nursing is to secure appropriate faculty resources to assure the delivery of high quality programs of undergraduate and graduate clinical instruction. The School's instructional resources can be strengthened and diversified with the addition of clinical track faculty members who possess current, high-quality, clinical skills. Preparation of advanced practice nurses, at the graduate level especially, requires faculty certified in appropriate specialty areas. Such certification requires faculty to maintain an active practice. These practices best serve the School, its faculty, and its students when they are integrated with the School's programs, rather than existing aside from them.

Clinical track faculty will be persons distinguished by their application and practice of advanced nursing knowledge and skills. Appointments shall be highly selective, using rigorous standards. Only individuals with clearly demonstrated track records, who have gained the respect of their clinical peers and the academic nursing community, shall be appointed. The number of faculty in the clinical track shall be limited to no more than 10% of those in the tenure track. This percentage can be changed by recommendation of the Faculty Practice Advisory committee and vote of the governing faculty.

University of Michigan College of Pharmacy Academic Ranks and Their Descriptions

Clinical Faculty

Clinical faculty are professional practitioners appointed at fractions of 50 percent or higher as clinical instructors, assistant professors, associate professors or professors, without tenure. Clinical faculty appointments are typically made for three-year terms. Individuals appointed to the Clinical faculty must have a professional degree in pharmacy, postgraduate training in a residency or fellowship program (or equivalent professional experience), and current licensure as a pharmacist. In special cases, individuals who are not pharmacists may be considered for appointment to the clinical faculty when it is evident that they can make a significant contribution to the educational programs of the College.

Individuals may be appointed or promoted to the rank of clinical instructor, clinical assistant professor, clinical associate professor or clinical professor. These ranks represent different levels of achievement in the areas of clinical care, teaching, scholarly activity and service. Appointments and promotions are made based on the individual's achievements and contributions in these areas. Clinical care is a major activity of clinical faculty, and a high level of competency is expected at all ranks. The education of students, scholarship and service are responsibilities of all clinical faculty members. The expectations for appointment or promotion to each rank are as follows.

Clinical Instructor

The title Clinical Instructor is given to a person who is trained to deliver clinical care and is able to contribute to the educational programs of the College. Although the candidate may have had little or no teaching experience, indications of interest and potential in this area are important in evaluating the candidate. Letters from those with first-hand knowledge are helpful in documenting the candidate's clinical competency, suitability for an academic environment, potential as a future teacher and clinical role model and potential for growth in clinical and intellectual areas. Individuals appointed to the clinical instructor level are typically those who are currently in post-doctoral training programs like residencies and fellowships or have recently completed their pharmacy degree.

Clinical Assistant Professor

The title Clinical Assistant Professor is given to a person who has developed clinical competency beyond that of an Instructor. The individual should show promise of academic productivity in teaching and be capable of organizing and administering teaching and patient-care activities. There should be documented evidence of the candidate's service to his/her practice site through participation in committees related to clinical care and teaching. Individuals at this rank typically have completed residency and/or fellowship training.

At this level, peer review and recognition become increasingly important in evaluating suitability for appointment or promotion. These can occur through the publication of articles in peer-reviewed journals and in other ways, including authorship of videotapes, textbook chapters, reviews and educational materials. Evidence should be provided that the individual has initiated this sort of scholarly activity and that these contributions have resulted in peer recognition.

Clinical Associate Professor

The title Clinical Associate Professor is given to a person whose development as a clinician has progressed to include the establishment of internal, local, and regional (in some instances even national) recognition by professional colleagues. Evidence of the individual's development may be documented by letters from internal and external sources, by administrators and/or leaders in national organizations and by presentations of clinical topics at national meetings and preparation of reviews of clinical topics for regional and national publications. Similarly, letters from knowledgeable colleagues and/or publication of articles can document innovations in the organization or implementation of health care that are appropriate for individuals at this level. Appointment to and participation in appropriate patient care and/or College committees is also required. Evidence of excellence can include administrative and peer evaluation, formal awards for performance, as well as other honors.

In the individual's teaching there should be evidence of continued contribution to pharmaceutical education, both through customary teaching situations (lectures and one-on-one didactic and clinical instruction) and through the preparation of educational materials including computer programs and textbook chapters. The administration and organization of teaching programs (including the College of Pharmacy continuing education programs) are also valued activities. Evidence of excellence can include administrative/peer/student evaluation, formal awards for performance, as well as other honors.

For scholarship, the individual needs to document sustained scholarly activity that is peer recognized. Evidence of scholarship should be judged by the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures or other modes of communicating results and ideas.

Clinical Professor

The title Clinical Professor is given to a person who has achieved a national reputation as a clinician-educator and scholar. Typically, this reputation is built upon and documented by the same qualitative criteria as for Clinical Associate Professor, but marked by differences in the number and value of the individual's achievements. Service in national societies is expected. Individuals at this level would have many products of their scholarly activity that had been subjected to peer review and had resulted in broad peer recognition in the area of clinical pharmacy and/or education. Evidence of scholarship should be judged by the principle of peer evaluation and recognition, whether the products of the scholarly activity are papers, books or chapters, invited lectures or other modes of communicating results and ideas.

University of Michigan College of Pharmacy

Criteria for Evaluation of Clinical Faculty

In the College of Pharmacy, clinical faculty evaluations will be divided into three different categories: (i) the quality and quantity of contributions to health system-related clinical activities such as clinical care (see clinical services below) or departmental administrative activities; (ii) didactic and experiential teaching and educational development programs; and (iii) research. Contributions to activities within the Health System, College and University, as well as participation in professional and community service at the local, state, national, and international levels, are desirable.

Service. The service component of a clinical faculty member's role in the College of Pharmacy is the major component of the appointment and can be divided into a number of categories including Clinical, College/University, and Professional and Community service.

Clinical Service. Clinical faculty are expected to either provide direct patient care at clinical practice sites within and/or outside the University of Michigan Health Systems or to provide direct administrative oversight of clinical activities or both. Examples of clinical service may include: clinical activities such as pharmacokinetic and pharmacodynamic monitoring, adverse drug reaction and drug interaction monitoring, participation in the drug therapy decision-making process by being part of the health care team; development, implementation and pharmacoeconomic evaluation of drug utilization programs; serving on hospital committees and providing patient counseling and drug information to other health care professionals. Administrative service includes the supervision and daily management of personnel providing clinical services and implementation of new programs.

College/University Service. Examples of this service include service on committees of the College of Pharmacy, the University of Michigan Health System, and the University; academic and other counseling and mentoring of Pharm.D. students.

Professional and Community Service. Clinical faculty are also expected to represent their profession/discipline in society in general. Examples of this include the following: reviewing articles; editing journal(s); participating as invited lecturer in field of expertise; organizing meetings, symposia, or conferences; working as a consultant in the area of expertise; providing expert witness/opinion; reviewing grant applications; state board membership or consultancy; appointments to state, national, international health or science-related committees and serving professional societies as a member or officer. Service to the local community in which the faculty resides is desirable.

Teaching. In regard to teaching, the essential qualifications for appointment or promotion are a commitment to education and the ability to teach, whether at the professional, graduate or post-doctoral level. Some of the elements to be evaluated are: experience, knowledge of subject matter, skill in presentation, interest in students, ability to stimulate student interests, capacity for cooperation, introduction of novel teaching methods, involvement in curriculum design, sensitivity to and appreciation of multicultural diversity and enthusiastic devotion to teaching. The responsibility of teacher to students includes advising and counseling in matters of curriculum, postgraduate training, and career planning. It also involves the duty of initiating and improving educational methods both within and outside the College of Pharmacy.

Research and Creativity. Another role of clinical faculty members in the College of Pharmacy is generation of new knowledge. This is generally accomplished by conducting and publishing original clinical research, generating innovative therapeutic strategies, developing innovative drug distribution services, organizational creativity, and development of new professional role models. Elements to be evaluated in assessing an individual's record in the creation of new knowledge include research publications or reports of innovative therapeutics or distribution services, reports of evaluation of new methods of providing clinical pharmacy services, etc. Books, book chapters, review articles, patents, and white papers are additional evidence of generation of new knowledge.

THE UNIVERSITY OF MICHIGAN
REGENTS COMMUNICATION

Action Request

SUBJECT: Non-tenure Track Clinical II Appointment Sequence in the School of Public Health

ACTION REQUESTED: Approval of Non-tenure Track Clinical II Appointment Sequence in the School of Public Health

The School of Public Health seeks the creation of a non-tenure track clinical II appointment sequence which will permit the appointment of clinical instructional staff at greater than 50% effort for periods up to five years. Similar proposals have been approved in the past by the Regents, most recently for the School of Nursing and the School of Business Administration.

From its inception and increasingly through the years, the School of Public Health has made efforts to strengthen the connections between theory and practice, research and application of public health principles and these efforts have moved the quality of our teaching forward. We have also had long discussions within the faculty of the advantages of having individuals who are expert practitioners as a regular part of our academic community. These individuals would have extensive experience in public health and have demonstrated leadership in a given area (biostatistics, epidemiology, health behavior and health education, health management and policy, or environmental health sciences).

There is very strong support within the faculty and Executive Committee for using the clinical title in the School of Public Health. Creation of a clinical track would enable us to involve these individuals in a consistent and continuous way in our teaching program, and would ensure the availability of courses and advising that directly address practice issues. Further, having practitioners as integral members of our faculty would strengthen our connection to outside practitioners in agencies that provide internships and jobs for our students. Although it will not be given often, in some cases, this track will be an important incentive to practitioners to be involved in our teaching program.

We propose three levels of clinical track appointments: Clinical Assistant Professor, Clinical Associate Professor, and Clinical Professor. Clinical titles will be "of Public Health," unless qualified by an area (Clinical Professor of Epidemiology) as agreed upon by the Department, the Dean and Executive Committee.

The process for identifying clinical faculty will follow standard University procedures including affirmative action guidelines. Promotion criteria will be consistent with those for regular instructional faculty to the extent applicable, for example, they will not be judged based on research productivity. The number of faculty in the clinical track will be limited to no more than 10% of those in the tenure track. This percentage can be changed by recommendation of the Executive Committee,

followed by vote of the governing faculty. Clinical track appointments will be without tenure. Initial appointments would be for up to three years and may be renewed for periods of up to five years. Notice of non-reappointment would follow standard University protocols.

Appointment and promotion considerations will require appropriate evidence of merit, including excellent teaching, educational leadership, professional service, relevant professional experience, and other evidence of stature in the candidate's area of specialization. Increasing standards for each rank will be reflected in the quality, quantity and impact of the individual's body of professional work and professional stature in the field.

Faculty in the clinical track would be members of the governing faculty with voting privileges except in matters relating to promotion and tenure. In exceptional instances, clinical track faculty may be granted scholarly/professional leave (with or without salary) at the discretion and upon the approval on a case-by-case basis by the Dean and Executive Committee.


The Office of the Provost and Executive Vice President for Academic Affairs will approve all senior appointments and promotions of clinical track faculty.

Implementation of this appointment sequence will require a revision of Regents' Bylaws Section 5.01 13), 5.23, and other bylaws as identified.

We request that the Board of Regents approve the creation of a non-tenure-track clinical II appointment sequence for the School of Public Health.

Submitted by:

Nancy Cantor, Provost and
Executive Vice President for
Academic Affairs



Noreen M. Clark
Dean, School of Public Health

School of Social Work

The Dean and Executive Committee make appointment and promotional recommendations for clinical faculty. These are untenured appointments. There are two categories of clinical faculty: clinical faculty (clinical professor, clinical associate professor, or clinical assistant professor) and adjunct clinical faculty. Clinical faculty are practitioners appointed at fractions more than 50%; adjunct clinical faculty are practitioners appointed at fractions of 50% or less and for periods of up to seven years. Initial appointments for clinical faculty are for a period of three years; contracts are renewed for a four-year period, following a positive third-year review.