

To: Murray Clayton, Chair, University Committee
Peter Spear, Provost

From: Ad Hoc Committee to Examine the Involvement of Non-Tenure Track Clinical Staff in Shared Governance:
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RE: Final Report and Recommendations

DATE: July 21, 2005

Introduction and Methodology

This Committee was charged with examining the obstacles, benefits, problems, and costs associated with the possibility of increasing the level of involvement in shared governance by non-tenure-track clinical (i.e., professional practice) staff, and possibly other academic staff. The Committee met on four occasions during the 2004-05 academic year. During the course of the year, Committee members informally polled tenure-track faculty and academic staff within their own Schools/Departments for input on the above-referenced charge. The results of those informal inquiries are attached to this Report.

Background and Findings

Certain members of the clinical academic staff throughout the University (including in the Schools and Departments represented by this Committee) identify themselves as faculty, are designated faculty by their units (e.g., “clinical track faculty,” “CHS faculty”), and feel part of the faculty within their School/Department. They perform all the tasks within the research-teaching-service triad that is the basis of the tenure determination for tenure-track faculty. Indeed, there are some members of the clinical academic staff whose responsibilities and performance are indistinguishable from those tenured faculty with whom they work side-by-side.

Yet because they are not accorded faculty status at the University level and, therefore, play a limited role in faculty governance, clinical academic staff feel disenfranchised. They serve on departmental committees, but their votes are not counted at the University level on issues such as appointments and promotions, even though tenure-track faculty make promotion decisions about clinical academic staff. Moreover, even though clinical academic staff may possess the strongest and most effective leadership skills in a particular department, they cannot serve as chair. Given that tenure-track faculty and clinical academic staff share in implementing the research, teaching, and service missions of the University, these disparities in governance are particularly grating to members of the clinical academic staff that hold faculty-equivalent positions.

At the same time, clinical academic staff have little motivation to become involved in academic staff governance because they have little in common with other academic staff in terms of breadth of mission and professional goals. Indeed, one of the greatest barriers to an increased role in governance for clinical academic staff is the broad range of job descriptions within the “academic staff” category. That category tends to be defined more by what it *is not* rather than by what it *is*. Thus, it subsumes everyone who is not a member of (a) the tenure-track-faculty or (b) the classified staff. Because of the broad range of job descriptions within the academic staff

category, there is little uniting the academic staff in terms of job responsibilities or professional goals.

These disparities also have negative consequences for the retention and recruitment of highly productive and accomplished clinical academic staff. For example, many of these individuals would be tenurable elsewhere. Moreover, faculty start-up packages are either unavailable or must be supported entirely by the individual School or Department. In addition, because a disproportionate share of clinical academic staff in some departments are women, these discrepancies have a gender-related impact. Indeed, women are often disproportionately affected at the Medical School because they are more likely to choose the CHS track in order to fulfill family and child-rearing responsibilities. Thus, women may be less likely to progress on to tenure and academic leadership at the University. Such a result contravenes the campus-wide goal of increasing gender equity.

Recommendations

The Committee discussed a number of possible means by which members of the clinical academic staff could achieve a greater voice in the governance of the University. In doing so, the Committee was guided by consensus on two major points: First, that the division in governance rights between certain members of the academic staff (i.e., clinical academic staff with positions equivalent to those of faculty) and tenure-track faculty no longer appears meaningful or productive to the mission of the University; and second, that the University will benefit from the broader participation of clinical academic staff in governance through (1) innovative ideas and (2) greater retention of valuable members of the University community.

Guided by this consensus, the Committee rejected two possible approaches that it felt would ultimately prove unsuccessful and/or unmanageable. The first such approach is a series of separate solutions to each of the various barriers to greater participation in governance identified by the Committee. This would be a piecemeal approach that leaves intact the fundamental problem of an antiquated distinction between tenure-track faculty and the faculty-equivalent positions within the academic staff. The second approach rejected by the Committee is the creation of a 5th Division, namely, the Division of Clinical Practice, within the University, which would differ from the other four Divisions by emphasizing *how* faculty missions are accomplished (i.e., through clinical practice) rather than the substance of their discipline (e.g., biological sciences, etc) and would require another level of unwieldy bureaucracy to administer.

The Committee's recommended approach is comprehensive (rather than piecemeal) and will advance the goal of increased participation in governance within the existing administrative structure of the University. Specifically, the Committee recommends that the University implement a process of review and conversion through which clinical academic staff with faculty-equivalent positions and indefinite appointments would be granted full faculty status at a rank commensurate with their achievements and in accordance with state law and University FPP.¹ This process, the details of which might vary department-by-department, would be as careful and rigorous as the University's tenure process. It would evaluate the contributions of those select candidates to research, education, and service within the context of their field and position. Those members of the clinical academic staff who are thereby granted faculty status would enjoy the same governance privileges currently enjoyed by tenure-track faculty (e.g.,

¹ Those Schools or Departments that do not currently request indefinite status as part of the promotional process for academic staff with faculty-equivalent positions should be strongly encouraged to do so after establishing appropriate criteria.

eligibility for membership in the Faculty Senate, chairing committees and departments, etc.). This process represents a *quid pro quo* under which the University grants full faculty governance privileges to those clinical academic staff who have demonstrated a long-term commitment to the University and who have a clear value in simultaneously serving the multiple academic missions of the University.

The Committee further recommends that this new system be implemented in two stages. The first would affect current members of the clinical academic staff with indefinite appointments (or the functional equivalent of an indefinite appointment, as noted in the footnote above) whose responsibilities and performance are functionally indistinguishable from tenure-track faculty. The Committee has designated these individuals by the shorthand FEPs (faculty-equivalent positions). All FEPs would be permitted – though not required – to enter a process through which they would be reviewed by a special committee. As many Departments and Schools/Colleges have already determined through a rigorous review process that FEPs with indefinite appointments have achieved excellence/significant accomplishment in multiple areas, the special committee (comprising tenure-track faculty and academic staff with indefinite appointments and “faculty” status within their Schools/Colleges) would be charged with 1) ascertaining that the individual applying for full faculty status has a faculty-equivalent position and 2) recommending that individual for full faculty status. FEPs who are denied full faculty status would be permitted to retain their current positions at the University.

The second stage of the recommended process involves those clinical academic staff hired after this recommendation is implemented. The FEP designation would not apply to these individuals. Instead, all clinical academic staff positions with responsibilities functionally equivalent to tenure-track positions would be treated as faculty positions at the point of hire. Persons hired into these positions are tenure-track faculty members. As tenure-track faculty members, they have the governance rights, responsibilities, and benefits of tenure-track faculty, and indeed the risks of the tenure process. There might be a need for a multiple-level review for promotion of these individuals, although there is already in place in many Departments and Schools/Colleges a rigorous process for promotion of academic staff to indefinite status.

The Committee’s recommended approach is consistent with applicable State law, which contemplates the inclusion of certain academic staff within the category of “faculty.” According to Wis. Stat. §36.05(8), “‘Faculty’ means persons who hold the rank of professor, associate professor, assistant professor or instructor in an academic department or its functional equivalent in an institution, persons described under s. 36.13(4)© and such academic staff as may be designated by the chancellor and faculty of the institution” (emphasis added). The proposal outlined above provides a mechanism through which the Chancellor and faculty can exercise their statutory authority to designate academic staff as faculty, with all of the governance rights and responsibilities which accompany that designation.

Conclusion

The Committee is unified in its belief that this comprehensive proposal represents the most efficient solution to a problem universally recognized as growing worse each year. The historically rigid categorization of academic staff limits a valuable source of participation in the life of the University and contributes to a sense of estrangement and alienation among an increasingly important segment of the University community.

Thank you for this opportunity to participate in the University’s inquiry into this important matter.