

A Proposal to Enhance the Clinical Title Series  
(Last revised November 30, 2005)

Background and History

The University's Administrative Regulations (AR II-1.0-1.IX.A) acknowledge the need for faculty with clinical expertise, who provide care and counseling to clients as part of the University's instructional, research, and service programs. In order to fulfill this need, the University established a Clinical Title Series for appointments and promotions without tenure in the Colleges of Medicine, Dentistry, Pharmacy, Health Sciences, Nursing, and other colleges that have clinically relevant disciplines. To quote the AR directly, "the Clinical Title Series is a series of academic ranks and titles for appointment and promotion of appropriately qualified individuals, who participate in the University's academic program, but who have duties and responsibilities which essentially relate to clinical practice and service to clients/patients."

According to the Administrative Regulations AR II-1.0-1.IX.A, Clinical Title Series faculty appointed in the College of Medicine may be appointed to a department, and some may not, on the recommendation of the Dean and with the approval of the Executive Vice President for Health Affairs. The Associate Dean for Clinical Affairs has responsibility for the faculty not appointed to a department and functions in a manner equivalent to a department chair for this group of faculty. Currently, only one faculty member in the College of Medicine is appointed under this provision of the Regulations. The College uses the "Clinical Program Unit" as the designated name for faculty who have this type of extra-departmental appointment.

**Recommendation 1: We recommend eliminating the appointment of faculty outside of the departments. The College of Medicine is in the process of transferring the one faculty in the so-called Clinical Program Unit to a department and has no plans to use this type of appointment in the future. This change will require a revision of the current Administrative Regulations (AR II-1.0-1.IX.A).**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

The AR describes four areas of activity that are important in the evaluation of individuals for appointment, performance review, and promotion in the Clinical Title Series for the Medical Center: (1) practice or practice-relevant activities; (2) effective clinical teaching; (3) professional status and activity; and (4) ability to generate funds. Guidelines for the third area are described under the ARs for the Regular Title Series (AR II-1.0-1.V.A.3(A)). Guidelines for the fourth area of activity are well-established in

that the source of funds generated should cover salaries and costs of benefits for the faculty members who are appointed in this role. Faculty in the Clinical Title Series now provide a significant level of patient care and generate revenues essential to the operation of the UK HealthCare Enterprise.

**Recommendation 2: We recommend modifying the criteria for evaluating CTS faculty for appointment, performance review, and promotion as follows: (1) quality of practice or practice-relevant activities; (2) effective clinical teaching; and (3) professional status and activity. The ability to generate funds should be a criterion for continuing the appointment but not a criterion for evaluation. The ability to generate income does not relate to the quality of performance, and performance review and promotion should relate to quality of performance. Contracts should be written, especially if they are multi-year, so that they require generation of funds and quality of performance in order to continue the appointment. This change will require a revision of the current Administrative Regulations (AR II-1.0-1.IX.A).**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

In 1986, the Senate Council and subsequently the Board of Trustees approved an official “cap” on the number of CTS faculty. Since the Senate Council’s actions were unanimous, the proposal did not have to be presented to the Faculty Senate. Under this cap, the number of CTS faculty should not be greater than 25% of the number of Regular Title Series and Special Title Series faculty, excluding basic science department faculty numbers. As indicated by the reference to basic science faculty, the colleges of Medicine and Dentistry were the initial focus of this limitation. A number of other colleges subsequently adopted this title series.

This 25% limitation reflected concerns that the administration in these colleges would turn increasingly to CTS appointments to meet its patient-care mission and ignore commitments to the teaching and research missions of the University. That is, the Clinical Title Series might overshadow the Regular and Special Title Series and their academic functions. The Senate Council also expressed concerns that the Clinical Title Series might weaken the University’s commitment to the concept of tenure. The Senate Council did, however, stipulate that the cap could be raised at some point in the future if conditions made it necessary.

As shown in Table 1, the number of CTS faculty in the College of Medicine has increased steadily over the past 18 years to 159 faculty out of a total of 611 faculty in FY05. The data in Table 1 differs slightly from the official number of CTS faculty provided by the Office Institutional Research, Planning and Effectiveness because this office does not include faculty with 8/8<sup>th</sup> VA appointments, administrators with faculty appointments, or fellows/residents with faculty appointments. We would prefer to count these categories in this analysis since these faculty have contributed information to the data that is part of our subsequent analysis. The CTS faculty represent 26% of the total

faculty in the College. According to the specifics of the calculation approved by the Senate Council and the Board, the 159 CTS faculty represent 56% of the total number of faculty in Regular and Special Title Series in clinical departments after, excluding faculty in the basic sciences and is well above the 25% cap approved by the Senate Council and the Board.

Table 1. College of Medicine

Year	CLINICAL DEPARTMENTS						TOTAL Basic Sci faculty	Total	% CTS of Total	Adjusted % CTS of Total
	RTS	STS	CTS	RES	Temp	TOTAL				
2004-05	129	156	159	21	1	466	145	611	26%	56%
2003-04	130	151	159	21	1	462	141	603	26%	57%
2002-03	136	150	143	19	1	449	138	587	24%	50%
2001-02	148	155	137	25	1	466	130	596	23%	45%
2000-01	164	151	115	30	1	461	133	594	19%	37%
1999-00	182	131	115	38	1	467	119	586	20%	37%
1998-99	212	117	109	40	0	478	117	595	18%	33%
1997-98	226	105	98	42	0	471	116	587	17%	30%
1996-97	235	97	97	42	0	471	117	588	16%	29%
1995-96	224	92	83	39	3	441	115	556	15%	26%
1994-95	228	92	81	35	0	436	106	542	15%	25%
1993-94	228	82	65	32	0	407	101	508	13%	21%
1992-93	211	74	50	29	0	364	99	463	11%	18%
1991-92	195	76	40	24	0	335	101	436	9%	15%

% CTS of Total = percentage of CTS faculty versus all faculty in the College of Medicine

Adjusted % CTS of total = percentage of CTS faculty versus STS and RTS faculty, excluding basic science faculty

We would argue that when this cap was adopted, the University could not foresee the substantial changes in health care that would take place in the subsequent twenty years. Forced to compete in a marketplace with private hospitals in order to deliver patient-care services in an expanding array of subspecialties, the College of Medicine required more clinically oriented physicians than originally anticipated. Unable to secure significant increases in its state-based funding and faced with an increasing number of patients, the College expanded number of faculty in the Clinical Title Series significantly. Forced to choose between compliance with a 25% cap or serving the people of Kentucky as part of our Land-Grant mission, the College chose the latter. We would also argue that the

College, by any measure, has excelled in developing its teaching and research programs, in part precisely because faculty in the CTS series were able to assume a significant part of the patient-care mission, thereby releasing the tenure-track or tenured faculty to handle responsibility for the academic mission of the departments.

The College of Pharmacy has 22 Regular or Special Title Series faculty and 18 CTS faculty, exclusive of basic science faculty. All reside in the Department of Pharmacy Practice and Science, and this represents 81% of the number of tenured or tenure-track faculty. For the College of Social Work, the number of CTS faculty is 27% of the number of tenured or tenure-track faculty. For the College of Dentistry, this percentage is 18% (Table 2).

Table 2. College of Dentistry

Table 2. Faculty Appointments in the COD by Title Series

Year	RTS	STS	CTS	RES	Temp	Total	% CTS of Total	Adjusted % CTS of Total
2004-05	32	17	12	5	0	66	18%	18%
2003-04	20	26	8	3	1	58	14%	14%
2002-03	20	24	11	3	0	58	19%	19%
2001-02	26	21	9	3	0	59	15%	15%
2000-01	24	22	7	2	0	55	13%	13%

% CTS of Total = percentage of CTS faculty versus all faculty

Adjusted % CTS of total = % CTS of total since basic science faculty in COD were transferred to COM in 1996

While the actual number of CTS faculty in the College of Nursing is not as high as the number in Medicine, the percentage of CTS faculty relative to those in the tenured series is similar to Medicine's (Table 3). This is not surprising in that the vast majority of nursing students (those in the BSN and MSN programs) are preparing to be clinicians and need access to faculty who are active clinicians. In addition, the College of Nursing is engaged in providing nursing services within the UK Clinical Enterprise and in the broader community meeting as part of the Land-Grant service mission of the University.

In summary, only two colleges, Medicine and Nursing, currently exceed the 25% cap.

Table 3. College of Nursing

Year	RTS	STS	CTS	RES	LEC	Total	% CTS of Total	% CTS of RTS, STS, CTS	Adjusted % CTS vs. RTS & STS
2004-05	11	13	12	2	14	52	23%	33%	50%
2003-04	11	16	13	1	10	51	25%	33%	48%
2002-03	11	16	13	1	11	52	25%	33%	48%
2001-02	10	15	12	1	10	48	25%	32%	48%
2000-01	9	18	12	1	9	49	24%	31%	44%

**Recommendation 3: We recommend that the Faculty Senate and the Board of Trustees remove the 25% cap on the number of Clinical Title Series faculty relative to the tenurable title series. The Faculty Senate and/or the Board may request an annual report on these percentages as a means of ensuring that any subsequent increases in the Clinical Title Series does not come at the expense of eroding the progress of the academic missions of the University. This recommendation will not require codification in the ARs, but will require discussion with the faculty and ultimately Board action.**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work. Faculty in several colleges, particularly Dentistry, expressed concerns about this change.

Current Stipulations on Appointments in the Clinical Title Series

Faculty in the Clinical Title Series may hold the rank of clinical instructor, assistant professor, associate professor, and professor. Administrative Regulation II-1.0-1.IX.E specifies the criteria for appointment and promotion within these ranks. Departments may appoint a clinical instructor for a specific term, not to exceed three years or, if for a lesser period of time, the period of funding from clinical practice, contracts, grants, or other sources. Departments may appoint a clinical assistant professor, associate professor, or professor for a term not to exceed five years or, if for a lesser period of time, the period of funding from clinical practice, contracts, grants, or other sources. The CTS

faculty may be reappointed for one or more additional terms, contingent upon continuity of funding and accomplishments and after consultation by the unit administrator with the tenured and tenure-track faculty of the unit.

A faculty member on appointment in the Clinical Title Series is eligible for the academic and financial benefits of the Regular Title Series, except tenure and sabbatical leave. University contributions toward retirement, social security, and insurance benefits for the faculty member should be covered through clinical practice, contracts, grants, or other sources which provide support for the individual's position. Clinical Title Series members cannot direct graduate theses and dissertations, but they may serve on thesis and dissertation committees and such other committees as are appointed by the Dean of the Graduate School.

Faculty membership, with or without voting privileges, may be extended to an appointee in this series by the educational unit to which the individual is assigned. However, a faculty member on appointment in the Clinical Title Series is not be eligible to vote on matters relating to Regular or Special Title Series faculty appointment, retention, promotion, or tenure, or to be elected to the University Senate.

#### Current Reality for Faculty in the Clinical Title Series

We examined similar title series appointments at two of our benchmark institutions: the University of California at Los Angeles and the University of North Carolina at Chapel Hill. We focused on appointments in medical centers and in particular in medical schools since this is where the largest number of such clinical appointments are typically made. UCLA appoints assistant “clinical compensated“ professors to two-year terms renewable up to a total of eight years and appoints associate clinical professors and professors for extended terms, typically either three-year renewable terms or open-ended appointments "when there is a reasonable expectation of long-term funding for long-term grants". The University of North Carolina at Chapel Hill offers clinical faculty five-year, renewable term appointments.

At the University of Kentucky, faculty in the Medical Center in the Clinical Title Series are appointed without exception for one-year contracts, are ineligible for tenure and sabbaticals, cannot vote on appointments, tenure and promotion cases, cannot serve in the University Senate, and cannot serve as advisors on graduate student theses. The College of Law provides multiyear contracts to faculty in this title series. Despite these strictures in the Medical Center, these faculty provide excellent service to patients, provide an invaluable teaching resource to undergraduate and graduate medical education programs, publish papers and abstracts, generate significant research funding, and generate their salaries and benefits from clinical care rendered to our patients.

We used the Faculty Database in order to extract information about colleagues in the Clinical Title Series in the College of Medicine and make comparisons with their contributions to the academic mission of the College relative to their peers in other title

series. In FY05, the College of Medicine had 34% of its total faculty in the Clinical Title Series. As a percentage of the total for faculty in all title series, CTS faculty published 4% of the total number of peer-reviewed papers and 8% of the abstracts. They generated 5% of the total grant and contract dollars and served on 18% of the committees. They provided 20% of the total student contact hours, 37% of the instruction and advising of students related to patient-care, and 19% of the instruction and advising of students not related to patient-care. The faculty in the Clinical Title Series make a significant contribution to the academic mission of the University and at no cost to the College in terms of recurring funding for salaries and benefits.

**Recommendation 4. Colleges should make greater but not exclusive use of multi-year contracts for faculty in the Clinical Title Series who have a long-standing association with the University. Under the current Regulations, colleges may extend instructors' contracts for a maximum of three years, and assistant professors', associate professors' and professors' contracts for a maximum of five years. This recommendation does not require revision of the Administrative Regulations (see AR II-1.0-1.IX.G). The Executive Vice President for Health Affairs will instruct clinical units to move in the direction of multi-year contracts.**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

**Recommendation 5. Faculty of each academic unit should determine whether or not to extend voting privileges to faculty in the Clinical Title Series and to define the extent of these privileges particularly in matters regarding faculty hiring and promotion/tenure cases. This recommendation does not require revision of the Administrative Regulations (see AR II-1.0-1.IX.H).**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

**Recommendation 6. Faculty in the Clinical Title Series may, after seven years of continuous, full-time service, may be eligible for sabbaticals for advanced training, scholarly activity, or continuing education in their specialty area, if such sabbaticals were available to Clinical Title Series appointees in the particular college in which they were appointed. Faculty afforded this opportunity will be subject to the same requirements (i.e., one-year of continuous service following the sabbatical) as their counterparts in the Regular and Special Title Series. It will be important to develop criteria that govern eligibility and expectations associated with this benefit, particularly for current faculty in the Clinical Title Series. This recommendation would require revision of the Governing and Administrative Regulations (see GR X.C.5 and AR II-1.0-1.IX.H, respectively).**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

**Recommendation 7. Faculty in the Clinical Title Series would be eligible for election to the University Senate. This recommendation would require revision of the Administrative Regulations (see AR II-1.0-1.IX.H).**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Medicine, Pharmacy, Public Health, and Social Work.

**Recommendation 8. Faculty in the Clinical Title Series may only be considered for tenure-track positions if (1) the faculty member has made commensurate scholarly contributions in addition to satisfactory performance of the faculty member's clinical responsibilities and (2) the faculty member has completed significant continuous, full-time satisfactory service. This recommendation does not require revision of the Administrative Regulations (see AR II-1.0-1.IX.F).**

Notes: This recommendation was approved by the deans and respective governing councils of the colleges of Dentistry, Health Sciences, Law, Nursing, Pharmacy, Public Health, and Social Work. The faculty in the College of Medicine did not approve this change because this recommendation was regarded a superfluous: any qualified individual may apply for tenure-track positions at any time.