

## Questions about Clinical Title Series

Questions to ask benchmark universities:

1. How many of UK's benchmarks have faculty in lines similar to that of the clinical title series?
2. How are the CTS positions funded at the benchmarks?
3. At those benchmarks with such types of faculty, what are the numbers of tenure-track and non-tenure-track title series faculty?
4. What is the ratio of clinicians (non-tenure-track faculty) to tenure-track clinical faculty in benchmarks' colleges?
5. How many of the CTS faculty at benchmarks have self-generating salaries, i.e. are paid through the work they perform?
6. How many benchmarks have sabbatical leave policies for CTS-type faculty and what are those policies? If they have sabbatical policies, how do they address the issue of funding for CTS faculty?

Questions for UK Colleges with CTS faculty:

### Sabbatical

1. How would colleges with CTS faculty define the purpose of sabbatical for CTS faculty?
2. What would be the source of funding and mechanism to support a CTS faculty member who was taking a sabbatical? For example, would the funds for sabbatical be raised by the individual, or by the college's CTS faculty as a group?
3. Does a CTS faculty member on sabbatical automatically receive financial support by a hosting institution, or does it vary from situation to situation?
4. Would the funding for CTS faculty sabbaticals jeopardize funding for traditional faculty sabbaticals?
5. Should funding of CTS faculty sabbatical stand in the way of the principle that sabbaticals serve a valuable purpose?
6. Since the current requirements for sabbatical for faculty require the sabbatical be used for advanced training, scholarly activity or continuing education in specialty areas, how would it affect CTS faculty, who may or may not engage in scholarly activity as a part of their employment?

Clarification on Sabbatical Recommendation #6 from the November 30, 2005 Proposal:

1. In recommendation #6: Does the term "may" allow a college to select which CTS faculty could take a sabbatical, or did it imply that a college as a whole could offer sabbatical to CTS faculty or not offer?
2. Did the approval by all deans in the eight colleges (Dentistry, Health Sciences, Medicine, Nursing, Pharmacy, Public Health, Law and Social Work) mean that the deans understood that there were varying sabbatical funding policies in different colleges, or that the deans assumed recommendation #6 was in step with solely each dean's own college?

### Governance

1. Would CTS faculty be given voting rights in their colleges? If so, would CTS faculty vote on all issues or only on select, specific issues? Would these rights be given by the vote of faculty or would it be automatic?
2. Would CTS faculty be eligible to serve and vote in the Senate?
3. How can colleges utilizing large numbers of CTS faculty become more closely integrated into the University Senate?
4. For Colleges with large numbers of CTS faculty, what are their perspectives about the role of the college as it pertains to academic issues of the Senate?

### Limit on CTS Faculty:

1. How does the 25% cap affect the College in accomplishing its missions?
2. Would it work to allow colleges to each decide on a percentage cap based on a college's specific needs?
3. Should there be any limit on the proportion CTS faculty relative to tenure-track faculty within a College?
4. What will be the overall impact on the University if the 25% cap is changed or removed?
5. What is the cost-benefit ratio to decreasing or removing the cap?
6. What are the Colleges viewpoints on a 25% cap for determining the number of representatives in the Senate? Independent of whether or not individual colleges may increase the 25% cap, should a 25% cap be applied to Senate apportionment and to the fraction of Senators from that college who may be CTS faculty?

### Other (Specific to Colleges)

1. What would be the economic impact of CTS faculty on benefits? (All Colleges with CTS Faculty)
2. Could the decision regarding an appropriate funding source be made by each college, individually? (All Colleges with CTS Faculty)
3. Would clinical income received from KMSF's billing apparatus qualify as internal or external? Does it matter if the funding came from an internal or external source? (College of Medicine)
4. What would the effect be on a college, such as Pharmacy, that have CTS faculty but are unable to charge patients to create income? (College of Pharmacy)