

CTS Discussions

**At the request of Associate Provost for Faculty Affairs Heidi Anderson, the Senate Council has been discussing issues related to clinical title series (CTS) faculty.**

**During discussion, the Senate Council identified three primary CTS concerns:**

1. The 25% cap has been violated.
2. Some colleges have hired CTS faculty who are not associated with any “clinical” activity. That is, there is no discernable “patient/client” or “clinic” involved.
3. Some colleges have hired CTS faculty supported by “general fund” monies.

**In light of these concerns, the Senate Council has been conducting a discussion over its listserv; the discussion has been framed by six questions:**

1. Do we acknowledge/agree that the 25% cap in numbers interferes with some colleges missions? Are we willing to recommend that the cap be removed? If not, then we must recognize that the administration (that has BoT approval to acquire Samaritan Hospital) will likely recommend to the BoT its own remedy, perhaps along with informing the BoT that the Senate Council declined to participate/agree to any changes.

If we would like to be on record as to what kind of changes ought to be made in the 25% cap on CTS line, we have two distinct options:

- We recommend removal of the cap altogether; or
- We recommend allowing individual colleges, with input from their faculty, request that the cap be raised for them, while keeping the 25% cap for the rest of colleges.

In conjunction with either of the above two recommendations, we may add the proviso that our recommendation is for a fixed amount of time (e.g. one year) until the administration and the faculty develop recommendations on a broader, long-term resolution to the title series issues.

2. Are we going to recommend that the CTS definition be relaxed with respect to the necessity of having “patients/clients” or “clinics?” Current understanding is that no one is recommending/asking this and that is why the need for a new title series has been acknowledged.
3. Are we going to recognize that some colleges with CTS faculty will not or do not want to generate funds and therefore their CTS faculty must be hired on general funds? If so, then we have two distinct options:
  - We recommend removing the condition altogether; or
  - We recommend allowing individual colleges, with input from their faculty, request that this condition be removed for them entirely or for a fixed number of their CTS positions.
4. If the answer to #3 above is “no,” then we must be prepared to find a title series for these types of “clinical” professors. A related question: could/should these individuals be hired in the special title series (tenurable) or perhaps as lecturer (non-tenurable)?
5. A question stemming from #1 above: if the cap for hiring is removed, do we then also remove the cap for representation (including Senate apportionment) or do we keep the 25% limit for representation while we remove the cap for hiring?
6. A question stemming from almost all of the above: what transparency and accountability measures should we put in place so that when and if we fix the existing problems, we will not be surprised with future violations?