

History of Clinical Faculty Titles and Ranks in the UK Medical Center

Part II: The Second Decade to the Present

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I. Background in Brief

When the UK Hospital became activated in 1962, most physicians attending to patients at the hospital were academic clinicians, who were either (1) full-time University faculty whose employment unit was an academic department and whose pay was entirely from budgeted University funds, or (2) participating in the academic clinical program at half-time or greater effort, and whose salary was paid partly or entirely from nonUniversity funds (e.g., Veteran’s Administration funding), or (3) participating less than half-time in the clinical academic program with or without pay from the University (‘part-time’ and ‘voluntary’ faculty).¹ A similar situation existed with the dental clinic staffed through the College of Dentistry. (The Colleges of Pharmacy and Nursing were also part of the Medical Center, but their programs at that initial time were primarily vocational rather than ‘patient-attending’²).

Over its first decade, several intensifying pressures made this arrangement increasingly difficult. With the origin of their salary from budgeted University funds, and financial specifics associated with the collection of clinical fees through departments in the academic colleges, it was difficult for the salary of the faculty clinicians to keep competitive pace with the income achieved by their peers at private hospitals. Clinical fees collected by their patient care activities could be used to provide bonuses,³ but this increased the pressure on the clinical faculty to further increase the amount of their University time spent involved in patient care. This tension was exacerbated by the financial interest of the Hospital in maximizing the clinical-fee accruing patient care activity of the clinical faculty member vs. the academic interest of the academic department in securing the teaching and other academic activities that are necessary to sustain the degree-conferring medical academic program. By keeping the academic department as the primary unit of clinical faculty employment, rather than the UK Hospital, it prevented the UK Hospital (which being in competition with private hospitals is in a business-profit-driven posture rather than being purely academically driven) from inordinately directing the clinical faculty away from their teaching and other ‘non-patient-care’ academic duties. If these conflicting pressures on the clinical faculty members were not enough, there was added yet increased academic pressures when the Board of Trustees approved that the new President John Oswald would promulgate on Oct. 28, 1963 new University-wide “uniform evaluation criteria for appointments and promotions in the academic ranks” that placed^{4,5} much emphasis on research activity.^{4,5} These competing pressures manifested themselves during the first Hospital decade in the form of much contention between the Medical Center administration versus the University central administration over clinical-appropriate evaluation criteria, and over various new faculty title series/ranks, that were each intended to accommodate the teaching/patient care-intensive, and less-research-intensive, activities of many of the academic clinical faculty (see Chapter “Part I: The First Decade”).

II. The Second Decade: Proposed new or amended faculty title series/criteria to encompass clinical service activities 1971-1983

Criteria for Evaluation of Clinical Faculty: Other Universities. At the outset of the beginning of the second decade of an activated UK Hospital several activities emerged that were symptoms of that the above pressures had not been relieved. Very quickly, the new Vice President of the Medical Center, **Peter J. Bosomworth**, in November 1971 directed the new **Medical Center Clinical Sciences and Special Title Series Area Committee** to investigate the criteria used at other universities to evaluate professional clinical faculty toward academic promotion and tenure. However, it was found that most University academic hospital programs inquired to did not yet have well-developed policies along this line either.⁶



Auxiliary Title Series: Not Approved. Several new efforts were made during the 1970's to identify a faculty title series format that would enable academic medical departments to access greater time efforts of individuals who provided to those departments the increasingly needed service activities. A spring 1974 consideration of an "Auxiliary Title Series" proposed that when a "clinical professor" who "receives his remuneration from a nonacademic source" (apparently, an otherwise voluntary faculty member from a nonacademic UK unit) while "he participates in the activities of the department," then "the College of Medicine should reimburse the unit of the University which pays the salary" of that individual.^{7,8} An example of persons in such situations were the Hospital social workers who provided counseling to hospital patients and their families. This proposal was not approved.

Adjunct Title Series: Amended. A second activity successfully persuaded President Singletary in the summer of 1974 to amend the Administrative Regulations for the Adjunct Title Series. The amendment expanded its use to include "the appointee who is a full-time employee of the University but whose primary appointment is with a non-educational unit" and whose funding is "from funds from a University non-educational unit to the extent of more than 50 per cent," and with non-faculty retirement/insurance benefits as per the nonacademic unit of primary employment.⁹ This change enabled a faculty status to become available for some physicians in the University health services (an administrative unit) who provided clinical attention to students.¹⁰ However, it did not solve the problems directly affecting the clinical faculty with primary appointments in academic units.

Extension of Tenure Probationary Period to 10 Years for Clinical Faculty: Not Approved. By the early 1980s, the clinical service duties needed to maintain the hospital's clinical patient programs (that were used as also the formats for training of interns and residents) was becoming an increasingly large part of the distribution of effort assignment of the Regular Title Series clinical faculty. It was becoming so large, that Regular Title Series faculty assigned to the academic clinical departments in the College of Medicine did not have sufficient time to develop and maintain a research program that would pass the criterial expectations for tenure of faculty in the Regular Title Series (criteria promulgated initially twenty years earlier by President Oswald in 1963⁵). The untenability of the situation for the COM Regular Title Series faculty in academic clinical departments was so severe, that by 1983 the COM Faculty Council formally proposed that the tenure probationary period for Regular Title Series faculty in the academic clinical departments be extended from seven years to ten years.¹¹ This proposal was not adopted by the University, leaving the situation still unresolved.^{11a}

Promotion/Tenure Evaluation of Clinical Faculty: Patient Care Service Recognized. Although the approach of extending the probationary period to allow greater time for accrual of evidence of research productivity was not approved, a parallel effort to cause explicit recognition of the clinical activities of Medical Center faculty in promotion/tenure evaluation was successful. For the twenty years since President Oswald initially promulgated what became under President Singletary (1972) the controlling Administrative Regulation for promotion/tenure

of all Regular Title Series faculty (AR II-1.0-1.V), the clinical faculty and their immediate academic administrators had chafed at that the regulation did not expressly recognize the significance of the assigned clinical activities. Nor did the regulation even expressly place those activities into any of the areas of Teaching and Advising, Research and Creative Activity, Professional Status and Activity, or University and Public Service. Finally, in 1983, that regulation was amended to place into the section on “Public Service,” the following italicized sentence, immediately following the nonitalicized sentence (bold added for emphasis):

“Service to the community, state, and nation also must be recognized as positive evidence for promotion, provided that **this service** emanates from the **special competence** of the individual in an assigned field and is an extension of the individual’s role as a scholar-teacher. *In the colleges of the Medical Center, patient care is recognized as a special competence in an assigned field and is an integral part of the service component.*”¹²

However, while this change expressly identified patient care as an evidence of “public service” to be evaluated in promotion/tenure decisions, it did not change that the regulation still required activity in “Research” and still required “publication” as the evidence of that research activity. Thus, addition of the above sentence did not solve the problem that the ever greater pressures for more and more clinical faculty time to be devoted to patient care activities did not leave sufficient time to meet the publication in research requirement.

III. The Third Decade: New nontenure-track “Clinical Title Series” (as not a subset of “Special Title Series”)

Initial activities toward the new title series. The practices instituted by President Singletary’s Jan. 1970 action¹³ concerning faculty with academic clinical service duties and other faculty in the Special Title Series, and the failure of the subsequent decade’s proposed resolutions to become effectuated as solutions, had for academic and budgetary reasons, led to a difficult situation by the early-mid 1980’s. It was felt that because of budgetary pressures on the UK Hospital that was used as the setting for the academic clinical activities, the UK Hospital and “Academic Medical Centers are walking a tightrope between their teaching, research and patient care missions” which demands “new ways of carrying out teaching, research and patient care.”¹⁴ From 1970 to the mid-1980’s the College of Medicine had used an increasing number of tenure lines to the generic Medical Center-wide Special Title description that VP Willard had maneuvered in 1968-1970 to circumvent Oswald’s 1965 STS policy for position-specific job descriptions/promotion criteria⁵ (President Singletary codified the 1965 policy as the 1972 STS Administrative Regulation). That generality led to complaint that expectations for tenure were being invented and changed during the probationary period or applied newly at tenure in an “ex post facto” manner. The Senate Advisory Committee for Privilege and Tenure agreed, holding in a 1983 case that use of VP Willard’s 1970 single, Medical Center-wide STS description constituted a “long-standing practice to the contrary” of the 1972 Administrative Regulation for Special Title Series.^{31a} The KY Supreme Court (1982) had also held against UK in a separate case that “practice cannot be allowed to supercede the duly adopted procedures.”^{15a} Beginning in 1982-1983 the Medical Center Academic Area Advisory Committee increasingly refused to approve Special Title Series positions under vague Medical Center-wide or college-wide STS position criteria.^{31b} These STS events were concurrent with the COM Faculty Council’s action in 1983 to propose that the tenure probation period for Regular Title Series faculty with clinical assignments to be changed from 7 to 10 years.¹¹ in order to service the clinical academic needs related to patient care and not involving either research or

Due to the accumulating pressures, Medical Center Chancellor Peter Bosomworth in 1985 proposed a full-time “non-tenure Medical Center Title Series ... as one innovative way of assuring for clinical learning experiences...”, because clinician faculty in this series “who have elected to practice with a setting that specifically contributes to the academic program of the University” would “have duties and responsibilities which essentially relate to clinical practice and service to clients/patients.” Specifically, “it is intended to accommodate those ... who wish to practice in an academic setting.”¹⁷

The College of Medicine Faculty Council¹⁸ at the outset of the 1985-1986 academic year identified “Full-time Nontenured Clinical Track” faculty, as initially proposed by Chancellor Bosomworth earlier that year, as “a very sticky issue with a lot of implications and this is an issue that needs to be watched carefully.”¹⁹ In fact, a vote among the COM Faculty Council members identified it as the top issue of the coming year.²⁰



The initial draft definition of Clinical Title Series submitted to the COM Faculty Council by Chancellor Bosomworth in early 1985 was greeted as “not at all satisfactory.”¹⁹ In December 1985, Chancellor Bosomworth secured a revised “final draft” (prepared by Juanita Fleming), which, through COM **Dean Powell**, he in early January submitted to the COM Faculty Council, stating that he wanted the COM Faculty Council to “provide a written assessment and an endorsement.”¹⁷ At the same time, through **Paul Sears**, he submitted that draft to the Senate Council for its consultative input.²¹



Also looming very large was that Dr. Emery Wilson reported with alarm to the COM Faculty Council that of the 230 full-time tenure track clinical faculty lines in the clinical departments (75% were Regular Title Series, 25% were Special Title Series), 16 Regular Title Series lines in just the past year (1984) had been converted to STS lines.^{21b} In reaction, the COM Faculty Council expressed that it was “concern[ed] that with the present clinical faculty being [ca.] 33% in the special title series, the character of the academic programs will soon be changed.”¹⁹

Faculty analysis of the revised proposal. The COM Faculty Council studied the revised proposal,²² and noted “The people in this Clinical Title Series might help bring in more patients ... and also increase hospital occupancy and departmental incomes.” In addition, “the rules in regard to the appointment to Special Title Series and the need for the [tenure-track] Special Title Series need to be re-evaluated and significantly reduced.”²³ At this same time, the COM Strategic Planning Committee was drafting an analysis that determined that the changing medical economic environment was placing demands onto those Regular Title Series faculty with partial clinical assignment to sacrifice their research component to increase their clinical income-making activities, a trend which would harm their ability to do important medical research.²⁴ The Faculty Council reported its findings and concerns to Dean Powell and Chancellor Bosomworth,²⁵ and decided to also forward these concerns to the general college faculty for their comment.²⁶

At a special Faculty Council meeting in February 1986, the Council met with Dean Powell and Chancellor Bosomworth, where the Dean addressed these Faculty Council concerns, and in doing so noted that due to “a fixed amount of recurring dollars from the state who go to support faculty.... if we are to get any additional salary in the College of Medicine, it will [either] have to be as a result of cutting faculty from one group to provide additional faculty in another” or “with the new Clinical Title Series [which] should help bring in more patients and thereby increase occupancy [and departmental income].” In that meeting, the Dean carefully explained “the Regular Title Series faculty will be involved *primarily in research*, the Special Title Series faculty *primarily in teaching*, and with the new Clinical Title Series *primarily responsible for clinical care of patients*” (italics added here). The Dean concluded “this series is not a panacea. It is simply a strategic step ... if we are to engage in collaboration with an HMO or some prepaid continuity health care program.”²⁷ The Faculty Council “felt that care should be taken in measuring the level of general faculty support.”²⁷ A preliminary show of hands at the subsequent March General Faculty Meeting indicated a majority of attendees were in support.²⁸ Dean Powell and Chancellor Bosomworth then developed a set of administrative responses to questions that had been raised at the Faculty Council meetings, at the March General Faculty Meeting, and transmitted by the Senate Council Chair **Brad Canon**.



Senate Council activities in consideration of the proposal. Chancellor Bosomworth and Dean Cowen met with the Senate Council in early February, where the Chancellor described the title series as aimed at MDs “hired to provide patient care...[and] ... also be involved in doing some clinical teaching for medical

students, interns, and residents rotating through their clinics.”²⁹ The Senate Council decided to appoint an ad hoc subcommittee to gather important information toward a series of specific questions,³⁰ which the Senate Council Chair Brad Canon soon thereafter submitted to the Chancellor.³¹ In late March 1986, the Chancellor submitted written responses to these questions to the Senate Council’s ad hoc subcommittee, just before meeting with the subcommittee, and also notified it in that correspondence that the faculty bodies in the five medical colleges, their faculty councils, and their college-level appointment, promotion and tenure committees, and the Medical Center Clinical Sciences Area Committee, had endorsed the proposal.³²

On April 1, 1986 the ad hoc subcommittee reported back to the Senate Council. The subcommittee reported that it had been represented to the subcommittee by the Medical Center administration that the voluntary and adjunct title series “are inadequate to this task because the Medical Center has little control over their activities.” The subcommittee reported that it would recommend positively on the proposal to the Senate Council, “*but with several constraints/modifications.*” Toward protection of the central role of the tenured/tenure track faculty in the governance and character of departmental academic programs, the subcommittee felt it “important to insure that Regular Title Series and Special Title Series faculty have a consultation role and input vis a vis the creation of any new positions,” and “limiting the number of non-tenured CTS appointments to 25% of all full-time faculty lines” (excluding the basic science departments in the College of Medicine).³³

Administrative response to questions raised by faculty groups on the underlying budgetary premise. Dean Powell stated to the COM Faculty Council that the tenured/tenure-track Regular Title Series and Special Title Series faculty who in part have clinical service duties “are finding they have less time to devote to teaching and research” and that “The triple-threat super-star of yesterday, who is a superb clinician-teacher-investigator and who can simultaneously shoulder very large clinical and teaching workloads and stay on the leading edge of research, is fast becoming a vanishing species...As clinical pressures mount, research time is squeezed, then teaching time is squeezed ... All of these represent bad news for clinical departments in academic medical centers.”³⁴



Administrative response to faculty question as to why it is appropriate that otherwise private clinicians who hired into the clinical program would be provided a faculty appointment. Dean stated to the COM Faculty Council “*They would want that*” and so the university should respond by providing it.⁵⁰ Chancellor Bosomworth responded to the question with a five-page “Background for Medical Center Clinical Title Series” (written by **Juanita Fleming**)⁵¹ submitted to the Senate Council and COM Faculty Council. (This document articulated the need for full-time clinicians for patient care “whose primary role is practice [that] would provide education to one or two students” that would not be satisfied by resort to the Adjunct Title Series.^{36,37} Implicit in the documentation is the appearance that the private clinicians being sought to full UK’s need for patient care would not agree to come into the UK Hospital and College of Medicine with an Adjunct appointment, since they wanted the prestige of a full time faculty title, and the retirement/ insurance benefits of full-time faculty, in exchange for the arrangement of their practice and clinical training to be set up within the auspices of the UK Hospital, and that the University essentially gave in to what these otherwise private clinicians “would want”).

Administrative response to faculty question of the relationship of this faculty title series to other faculty title series. Dean Powell described the proposed Clinical Title Series to the COM Faculty Council as “a clinical counterpart to the Research Title Series” whose members would “contribute clinical services as their predominant activity.” The Dean predicted that adoption of a Clinical Title Series will “markedly reduce new Special Title Series appointments [and] reverse the trend toward an increasing percentage of “Special Title Series” at the expense of a decreasing percentage of “Regular Title Series” appointments in clinical departments.”³⁴ It was also committed that “Each year a [Medical Center] plan would be developed ... a balance between clinical title series faculty and regular/special title series faculty will be a consideration

in the plan.”³⁸ Chancellor Bosomworth stated to the Senate Council his expectation that the Clinical Title Series hires would “diminish the number of appointments to the Special Title Series” and yield “a modest increase in the RTS.”³³

Administrative response to faculty question as to whether hiring of more nontenure track faculty is actually an “erosion of tenure.” Dean Powell stated to the COM Faculty Council “It is in fact an asset in preserving and protecting bases for tenure relating to the rest of the academic enterprise.”³⁵ Chancellor Bosomworth responded to the question by assuring the Senate Council and the COM Faculty Council “An annual budget plan which includes a review and approval process for numbers and use of clinical faculty will be required. Along with the process for approving all faculty appointments ... this should assure monitoring and control of the proportion of non-tenured clinical faculty to tenure Regular Title and Special Title faculty.”³⁶ In addition, during the Dean’s previous meeting with the COM Faculty Council, he described that a department would choose the avenue of hiring Clinical Title Series faculty by “department voting.”^{27,27a} Above the level of the department, faculty monitoring was committed by Chancellor Bosomworth to occur through review of proposed positions by the College Appointment, Promotion and Tenure Committee, and (for appointments above Clinical Assistant Professor), also review by the **Medical Center Clinical Sciences Academic Area Advisory Committee**.³⁸ With respect to the Voluntary Title Series faculty that are officially recorded in Board of Trustees minutes by the format “Assistant **Clinical** Professor (Voluntary)”, the faculty in the full-time non-tenured Clinical Title Series would be referred to by the different format designation of “**Clinical** Assistant Professor.”³⁸

Administrative response to faculty question as to the effect of this title series on the faculty governance posture of tenured/tenure track faculty. Chancellor Bosomworth committed that the title series would be instituted “after the series is approved for establishment by the University Senate.”³⁸ (The University Senate has never approved the establishment of the Clinical Title Series – the Senate Council did not forward the matter to the University Senate, see below). In order to protect the central role of the tenured/tenure track faculty in their educational policy-making by the department and college faculties, Chancellor Bosomworth noted the provision of the Board’s Governing Regulations that “it is the option of the faculty in the College and/or department” to which the nontenure track faculty are assigned “to determine whether the faculty are members of the College and/or department faculty... and to determine whether they will be voting or non-voting members on the academic policies in the College and/or department.” Also, Chancellor Bosomworth committed “Faculty appointed in this series would not be eligible for election to the University Senate.”⁵³

Final approval of the establishment of the Medical Center Clinical Title Series in 1986. Shortly after Dean Powell and Chancellor Bosomworth submitted the above responses to COM Faculty/Senate Council questions, a ballot vote conducted among the College of Medicine faculty yielded the April 8, 1986 outcome: of 94 Basic Science Departments faculty, 27 voted in favor and 7 voted against; of 305 Clinical Departments faculty, 94 voted in favor and 19 voted against.³⁹ The Dean, in reporting this outcome to Chancellor Bosomworth, lamented “it is disappointing to realize that as many as 26 faculty in the College are not supportive.”⁴⁰

On April 9, 1986, the Senate Council submitted its final assessment to **President Otis Singletary**, reporting that this proposal for a non-tenure track Clinical Title Series was “primarily motivated by economic rather than pedagogical reasons,” and of their concern “that such a series might weaken the University’s commitment to the concept of tenure.”⁴¹ In addition, the Senate Council made the following stipulations, to which they reported that Chancellor Bosomworth had agreed.⁴¹



-that “Positions in this series should be limited to no more than 25% of the number of regular and special title series” in the two colleges (excluding basic science departments) to “alleviate considerable concern expressed to the Council that the Clinical Title Series could be expanded to the point where its members and functions overshadowed the members of the regular and

special title series and their academic functions...*if* at a future time conditions make it necessary to raise the 25% cap, *such a request can then be considered.*" (emphases editorially added here)

-that "Regular and special title series faculty in a division or department should have a substantial role in any decision to create Clinical Title series positions ...[to] .. alleviate faculty members' fears that the nature of their division/department could be significantly altered without their consent."

Subsequently, the COM Faculty Council reported that "The Senate Council unanimously approved the Clinical Faculty Title Series proposal sent from the Medical Center. Since the Senate Council's approval was unanimous, it does not have to be presented to the full Senate."⁴² President Singletary wrote back to the Senate Council expressing his appreciation for the thoroughness of its recommendations, and reported to the Senate Council that Chancellor Bosomworth found the recommendations "generally acceptable" and that the appropriate steps will be taken to incorporating the Council's proposed modifications into the materials submitted to the Board of Trustees.⁴³

The proposal was then submitted to the Board of Trustees, which rendered final approval on May 6, 1986.⁴⁴ The Board of Trustees adopted the PR3 that stated "Positions in this series will be limited to no more than 25% of the number of positions in the regular and special title series in the College of Medicine (excluding the basic science departments) and the College of Dentistry."^{44,45} A new Administrative Regulation, AR II-1.0-1.IX, was issued to promulgate the new Clinical Title Series.⁴⁶

IV. The Fourth Decade and Beyond: Events Concerning the Clinical Title Series From 1989 to Today

Expansion to All Medical Center Colleges. Among the commitments made by Chancellor Bosomworth to the Senate Council, was the commitment that expansion of the Clinical Title Series to a college beyond the College of Medicine and College of Dentistry would be subject to review by the Senate Council.⁴⁷ Three years later, the Senate Council reviewed⁴⁸ and supported a specific request by the President for expansion of the Clinical Title Series to the College of Nursing and the College of Allied Health Professions. Several months later, President Roselle solicited the Senate Council to review a proposal to expand the title series to the College of Pharmacy⁴⁹, which the Senate Council also endorsed.⁵⁰ In 1993 the Administrative Regulation for Clinical Title Series (AR II-1.0-1.IX.A, para. 2) was amended to show its application to the above colleges.⁵¹

Reaffirmation that Primary Responsibility of Clinical Title Series Faculty is Clinical Practice. At the request of the Medical Center Chancellor Peter Bosomworth, President Wethington issued an interpretation that the "Teaching Portfolio" Administrative Regulation (AR II-1.0-5) did not apply to Clinical Title Series faculty because

"The **Clinical Title Series** has effective clinical teaching as an area of activity; however, their primary responsibility is clinical practice. This is reflected in the specifications for promotion which speak primarily to clinical practice. No teaching is designated according to AR II-1.0-1, page IX-1-3. ...While faculty with the above designations make valuable contributions to the development of our students, it is my understanding that **none of them is expected to have a major role in teaching or to be responsible for developing and preparing the course syllabi**. Furthermore, they would plan with the instructor responsible for developing the course syllabi and/or the faculty member who serves as the course leader or coordinator."⁵²

Expansion of Duties to Include Nonmedical "Counsel" of Clients. The College of Law desired to establish a law "clinic" in which a faculty member would not "care" to patients but instead "counsel" to clients. It was proposed, and the Senate Council concurred, that the Administrative Regulations defining the "Medical

Center Clinical Title Series”⁵³ would be changed to expand the definition to encompass colleges outside the Medical Center (i.e., the descriptor “Medical Center” is dropped from the name of the title series) and the description of duties enlarged from “care” to “care and/or counseling” of clients. This new Administrative Regulation was officially issued on July 2, 1997. To enable the clinical title series faculty appointed outside of the medical colleges, whose assignments involve “counsel” rather than “care,” to also be able to be assigned primary responsibility for courses or programs, the following sentence also was deleted from the regulation:

“The faculty member appointed in this series shall not have primary responsibility for educational courses or programs, but would serve as a clinical supervisor for select students assigned by the faculty member(s) responsible for the courses or programs.”

In addition, to distinguish the “care” duties in the Medical Center from the “counsel” duties outside the Medical Center, the phrase shown in bold was added to the following sentence of the regulation.

“The primary responsibilities of the non-tenure faculty member appointed in this series **in the Medical Center** are to provide patient care services, to expose students to their professional expertise, and to direct their educational experience in the clinical settings where the faculty member practices.”

Also, it appears that the sponsors of the expanded definition anticipated that the hired clinical faculty in colleges outside the Medical Center would not be required to generate the funding for their salary and benefits, because section AR II-1.0-1.IX.D of the regulation retained language that would exempt from

this requirement clinical faculty appointed to nonMedical Center colleges, and section E of that regulation added a sentence allowing for the possible appointment of individuals.

“.....who will be associated with a unit able to provide funds for practice.”

The new language does not require that the Clinical Title Series faculty who are appointed outside of the Medical Center must be paid from funds that the individuals have themselves brought into the University.

Role and expectations of Clinical Title Series in College of Medicine is Rearticulated. At the encouragement of the Dean **Emery Wilson**, there was in 1997-8 a major activity to clarify the role of the nontenuretrack Clinical Title Series faculty, in relation to the tenure track Regular or Special Title series faculty who also have clinical assignment. After report by a Task Force appointed by the Dean, which was accepted by the College of Medicine Faculty Council and the college Appointment, Promotion and Tenure Committee, a rearticulated policy was promulgated:



"All these positions [title series] are necessary and valued in the College." The Clinical Title Series "faculty member's efforts will focus heavily on patient care [and will] participate in clinical instruction" but have no requirement to "be involved in scholarly activity and produce scholarly work," whereas the tenure track clinical faculty must satisfy this additional requirement for scholarly productivity.⁵⁴

Proposal that promotion of Clinical Title Series Faculty not be Subject to Review of Area Committee. In connection with the reorganization of the University to a Provost System, a Task Force was appointed by the President to make recommendations toward that end. One of the recommendations submitted by that Task Force stated, was that in a competitive hospital environment, it could be necessary for expedient hiring of Clinical Title Series faculty; therefore the appointment and promotion processes for Clinical Title Series faculty ought to be exempted from review by the faculty Area Committee above the level of the respective Dean, and the Dean would forward his decision on such appointments/promotions to the Hospital Executive Vice

President, instead it routing from the Dean through the Area Committee to the Provost. The proposal was considered by the University Senate's Academic Council for the Medical Center (ACMC), which felt that:

"... the current Area Committee structure should be maintained, meaning that all Medical Center appointments, promotion and tenure recommendations currently reviewed by a Medical Center Area Committee should continue this process, being advisory to the Provost. Members further noted that it is very important that the membership of the Area Committee reviewing Medical Center faculty have an understanding of instructional, research, and clinical faculty responsibilities. The Council discussed the proposal that the Clinical Title Series faculty appointment and promotion recommendations be made without input from the area committee."⁵⁵

The ACMC also transmitted to the Senate Council its concern about the future role of Clinical Title Series faculty under the proposal:

"Will these faculty be true academic faculty or will they be clinicians who are judged solely by clinical productivity? If the latter, this could result in a major academic reorganization re the nature of faculty."⁵⁶

This proposal was then examined by the University Senate Academic Organization and Structure Committee (SAOSC), which reported to the University Senate its recommendation that

"Area Committee should be maintained and remain involved with the evaluation (and promotion and tenure) of clinical title faculty,"⁵⁷

The University Senate Council then voted to adopt this concern of both the ACMC and SAOSC and forward that concern to the University Senate.⁵⁸ At its Feb. 10, 2003 meeting, the University Senate voted to send to the President its objection to the proposal that the promotion of Clinical Title Series faculty would not be subject to the faculty Area Committee review above the level of the respective college Dean.⁵⁹ The final position adopted by the University was to retain the requirement that the Clinical Title Series faculty personnel actions are subject to review by the Academic Area Advisory Committee for the Clinical Sciences.

Some College of Medicine Clinical Title Series Faculty Not to be Appointed to any Academic Department.

In April 2002, the Administrative Regulation on Clinical Title Series faculty was amended to add:

"Some 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 Senior Vice President and Chancellor of the Medical Center. The Associate Dean for Clinical Affairs will assume responsibility for the faculty not appointed to a department and will function in a manner equivalent to a department chair for this group of faculty. To carry out the functions of establishing a position, appointing and/or promoting these faculty the Dean would consult with Program Review Committee made up of at least three clinically oriented faculty members."⁶⁰

This regulation was promulgated at the time in an ad hoc manner for the purpose of a single physician whose services the UK Hospital wanted, but the particular arrangement necessary to obtain the physician's services was that he would not be appointed to an academic department.⁶¹ On Nov. 8, 2004, only a single individual was employed as a Clinical Title Series faculty member with this arrangement.⁶¹

Steady Increase in Numbers of Clinical Title Series Faculty as Regular Title Series Numbers Decline. A specific provision in the PR3 documentation submitted to the Board of Trustees when it approved the creation of the Clinical Title Series was that:

"Positions in this series will be limited to no more than 25% of the number of positions in the regular and special title series in the College of Medicine (excluding the basic science departments)."^{44,45}

According to data obtained by this author in an Open Records request, by the 2004-2005 academic year, the proportion of Clinical Title Series faculty the College of Medicine and the College of Social Work had increased to:

College of Medicine (excluding Basic Science Departments)

of Clinical Title Series = 151

of Regular+ Special Title Series = 276

Clinical Title Series = 151/276 = **54.7%** of the # of Regular + Special Title Series

College of Social Work

of Clinical Title Series = 7

of Regular+ Special Title Series = 13

Clinical Title Series = 7/13 = **53.8%** of the # of Regular + Special Title Series

At the request of this author, Dr. Connie Ray, the Vice President for Institutional Research, Planning, and Effectiveness, provided the following data showing the status of net addition of full-time University faculty in the **Regular Title Series (RTS)** and **Clinical Title Series (CTS)**, over the past decade, after the Clinical Title Series was expanded to the five medical colleges and to the remainder of the University colleges.

	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	10 Year % change
RTS	1,182	1,203	1,209	1,216	1,187	1,189	1,194	1,176	1,148	1,164	1,159	-2%
CTS	60	78	86	100	104	107	118	114	134	138	142	+237%

**Summary: 1993-2003 - Regular Title Series > net loss 35 positions
Clinical Title Series > net gain 82 positions**

Current Trends in the Use of the Clinical Title Series Faculty. Additional data for the Clinical Title Series obtained for the fall 2004 showed the following distribution of Clinical Title Series faculty across the various UK colleges:

<u>Medicine</u>	<u>Pharmacy</u>	<u>Dentistry</u>	<u>Nursing</u>	<u>Health Sci</u>	<u>Public Health</u>	<u>Social Work</u>	<u>Law</u>	<u>Total</u>
151	7	13	11	2	1	7	1	193

Recent Trends in Work Assignments to Clinical Title Series Faculty University-wide. In 1996, the Academic Area Committee for the Clinical Sciences described a policy for approval of proposed Special Title Series and Clinical Title Series positions, in which if the proposed level of clinical service assignment was to be 60% or more, then the position would be approved as a Clinical Title Series position rather than a Special Title Series position with clinical assignment.⁶² The Distribution of Effort assignments to all full-time Clinical Title Series faculty throughout the University were analyzed for the fall of 2004.

The breakdown by college with the larger numbers of CTS faculty included:

<u>College</u>	<u>% CTS faculty with less than 60% service</u>
Social Work	57%
Dentistry	46%
Nursing	35%
Pharmacy	29%
Medicine	19%

Among the Distribution of Efforts assignment for the University full-time Clinical Title Series faculty included the following four actual D.O.E. assignments:

	<u>Teaching</u>	<u>Research</u>	<u>Service</u>	<u>Administration</u>
1.	100%	0%	0%	0%
2.	0%	100%	0%	0%
3.	0%	0%	0%	100%
4.	0%	0%	92%	0%

Reference Sources

- ¹ December 9, 1964 memo from Chairman Howard Bost to Vice President and Dean William Willard
- ² Hospital employee list dated April 1962
- ³ Personal communication from Peter Bosomworth, telephone conversation, Nov. 6, 2004
- ⁴ October 18, 1963 Board of Trustees minutes
- ⁵ October 28, 1963 final policy memo sent to all faculty and academic administrators
- ⁶ November 15, 1971 memo from Peter Bosomworth to President Singletary
- ⁷ Draft I, 04-11-74 "Policies Governing the Academic Appointment, Promotion and Tenure of Support Staff"
- ⁸ Final Report, 05-30-74 "Policies Governing the Academic Appointment, Promotion and Tenure of Support Staff"
- ⁹ Revised AR II-1.0-1.VIII, Adjunct Series, issued 1974
- ¹⁰ Personal communication from Peter Bosomworth, telephone conversation, Nov. 6, 2004
- ¹¹ COM Faculty Meeting Action Item 05-06-83 Proposing 10 yr Probationary Period for Clinical Regular Title Series Faculty
- ^{11a} "There was discussion of it but I don't think it even came to a vote at the faculty or faculty council level. It was just assumed that there was not sufficient support to go further with it." Personal communication with Emery Wilson, Nov. 9, 2004
- ¹² AR II-1.0-1.V.A.4, para. 2, issued 04/04/83
- ¹³ 1/14/70 memo from President Singletary to VP Willard approving Willard's generic Med Center-wide STS position criteria
- ¹⁴ "Background for Medical Center Clinical Title Series" Draft submitted by Paul Sears to Senate Council Chair Brad Canon 01-02-86
- ¹⁶ Medical Center Clinical Series Academic Area Advisory Committee Annual Reports 1982 and 1983
- ¹⁷ "01-03-86 transmission of "Draft of Proposed Appointment and Promotion in the Medical Center Clinical Title Series"
- ¹⁸ Faculty Council membership for 1985-1986 year
- ¹⁹ "Issues and Concerns for the Faculty Council Academic Year 85-86"
- ²⁰ Faculty Council "Priority of Issues for Discussion 1985-1986."
- ²¹ Paul Sears' 01-02-86 transmittal to Brad Canon, Senate Council Chair;
- ^{21b} Sept. 24, 1985 COM Faculty Council Minutes
- ²² Faculty Council Minutes 01-14-86, 01-17-86, 01-21-86
- ²³ Faculty Council News January 1986
- ²⁴ Draft 01-15-86 – Strategic Planning Committee "National Trends and Issues"
- ²⁵ 01-22-86 memo from Faculty Council Chair to Chancellor Bosomworth, with copy to Dean Powell
- ²⁶ Faculty Council Minutes 01-28-86
- ²⁷ Faculty Council Minutes 02-26-86
- ^{27a} The COM Faculty Council Minutes 06-03-86 record that the "Departmental faculty must vote on a Chairman's proposal for the job description and recruitment of Clinical Title Series faculty."
- ²⁸ General Faculty Meeting Minutes 03-10-86

- ²⁹ Senate Council Minutes 02-11-86
- ³⁰ Senate Council Minutes 02-18-86
- ³¹ Senate Council Chair Brad Canon letter to Chancellor Bosomworth 02-20-86
- ³² Chancellor Bosomworth 03-24-86 correspondence to Bill Lyons, Chair of SC ad hoc committee
- ³³ Senate Council Minutes 04-01-86
- ³⁴ Dean Powell's 03-18-86 document "Questions and Answers"
- ³⁵ Response to Question 1 "Why should clinicians hold faculty rank?" in the "Medical Center Clinical Title Series" document provided 04-01-86 by Juanita Fleming to "Medical Center Senators" on behalf of Chancellor Bosomworth.
- ³⁶ Response to Question 2 "What impact would the creation of a Medical Center Non-tenured Faculty Title Series have on the concept of tenure throughout the University?" in the "Medical Center Clinical Title Series" document provided 04-01-86 by Juanita Fleming to "Medical Center Senators" on behalf of Chancellor Bosomworth.
- ³⁷ University Administrative Regulation AR II-1.0-1.VIII for "Adjunct Title Series" specifies that Adjunct faculty appointment into an academic is available to an University employee whose primary appointment is in a nonacademic unit, where the nonacademic unit provides more than 50% of the funding to support the salary of the position. The response by Juanita Fleming (ref 51) only addressed where the Adjunct employee (and voluntary employee) have their primary employment as external to the University, or where the Adjunct employee is a part-time University employee.
- ³⁸ "Guidelines for Appointment, Promotion, and Function of Faculty in the Medical Center Clinical Title Series" document, contained in response to Question 5, in the "Medical Center Clinical Title Series" document provided 04-01-86 by Juanita Fleming to "Medical Center Senators" on behalf of Chancellor Bosomworth.
- ³⁹ Faculty Council document 04-08-86 "Results of Ballot Regarding "Clinical Title Series."
- ⁴⁰ Dean Powell memo 04-10-86 to Chancellor Bosomworth
- ⁴¹ Senate Council Chair Brad Canon's 04-08-86 correspondence to President Singletary
- ⁴² Faculty Council Minutes 04-29-86
- ⁴³ President Singletary's 04-16-86 correspondence to Brad Canon, Chair of the Senate Council
- ⁴⁴ PR3 approved by Board of Trustees May 6, 1986
- ^{44a} "Annual Report of the Faculty Council 1985-1986"
- ⁴⁵ The COM Faculty Council Minutes 06-03-86 record an apparent belief in the COM Chair's meeting that the 25% cap stipulated by the Senate Council would only apply for the first two years, but the Board of Trustees's official May 6, 1986 PR3 action did not place a two year limit on the 25% cap.
- ⁴⁶ AR II-1.0-1.IX issued 05/06/86
- ⁴⁷ 04/09/86 letter from Senate Council Chair Brad Canon to President Otis Singletary
- ⁴⁸ 04-17-89 letter from Senate Council Chair Loys Mather to Chancellor Bosomworth
- ⁴⁹ 07-03-89 letter from President Roselle to Senate Council Chair David Leigh
- ⁵⁰ 07-19-89 letter from Senate Council Chair Donald Leigh to President Roselle
- ⁵¹ AR II-1.0-1.IX issued 04/30/93
- ⁵² 09/29/92 memorandum from President Charles Wethington to VP Peter Bosomworth re: Teaching Portfolio
- ⁵³ AR II-1.0-1.IX issued 04/10/97
- ⁵⁴ University of Kentucky College of Medicine Procedures for Appointment, Promotion and Tenure, 1998
- ⁵⁵ Minutes of the Academic Council of the Medical Center Jan. 21, 2003
<http://www.uky.edu/USC/agenda/20030210/ACMC%20Special%20Meeting.pdf>
- ⁵⁶ Academic Council of the Medical Center transmittal to from APMC Chair Tom Curry to Senate Council Chair Jeff Dembo Feb. 10, 2003 <http://www.uky.edu/USC/agenda/20030210/Medicine%20Report.pdf>
- ⁵⁶ Senate Academic Organization and Structure Committee: EXECUTIVE SUMMARY OF COUNCIL AND COMMITTEE REPORTS FOLLOWING REVIEW OF THE MEDICAL CENTER TASK FORCE REPORT
www.uky.edu/USC/agenda/20030210/MCRexecutive%20summary.pdf
- ⁵⁷ Minutes of the University Senate Council Jan. 29, 2003 <http://www.uky.edu/USC/SC%20Min%201.29.03.pdf>
- ⁵⁸ Minutes of the University Senate, Feb. 10, 2003

<http://www.uky.edu/USC/Minutes/February3USTranscript.pdf>

⁵⁹AR II-1.0-1.IX issued 04/08/02

⁶⁰Emery Wilson, pers. comm. Nov. 2004

⁶¹David Watt, pers. comm. Nov. 2004

⁶²Minutes of Academic Area Advisory Committee for the Clinical Sciences Sept. 18, 1996

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