

September 18, 1964

*No Willard letter
to Pres. Sept 18, 1964*

MEMORANDUM

TO: President John W. Oswald

FROM: William R. Willard, M.D.

SUBJECT: Recommended Changes Relative to Faculty Appointment and Promotion Procedures and Budget Administration

As we enter a new academic year, I would like to make a few recommendations for modifications in the appointment and promotion procedures. I believe that these are within the framework of the new policies and goals which you have established for the University. In no sense are they intended to negate the intent of the policies which you have implemented.

Personally, I find the present situation most trying and I know this is true of many others, including members of your immediate staff, who are struggling with the problems of transition. In the Medical Center we are devoting a large amount of time and energy on minor matters that should take little time. Some of this will be reduced gradually in the normal course of events as procedural matters are clarified and begin to work more smoothly. Nevertheless, without some changes, I am sure that the inherent bureaucracy of a highly centralized large university will continue to result inadvertently in delays and problems unless there is appropriate decentralization.

This situation is particularly important to the Medical Center because we have many other problems inherent in our normal development. To these are added many demands created by the commendable efforts to achieve greater integration of the Medical Center with the University and to capitalize upon Medical Center resources for the benefit of the total University. The academic and physical plan by itself will require a great deal of attention during the coming year. The Tobacco and Health Project, The Handicapped Children's Center, and various other University committees are examples. When these are added to the increasing volume of outside demands, it is most frustrating to expend energy with a large number of relatively small matters, even though they are important to those concerned and important for efficiency and morale. Some of the criticisms and "morale" problems about which you have heard really stem from irritation and frustrations related to these minor matters, most of which are preventable.

Appointment and Promotion Procedures

As you know, I continued to have reservations about the present policies and procedures since they were initiated. However, we have had good success in securing approval of our proposed appointments and I believe that

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the Area Committees are working quite well on the whole, with less rigidity and more speed than was the case initially. Nevertheless, we continue to have problems occasionally with undue delays. Dr. Albright has been accommodating in attempting to handle these problems, but when they arise, they require my time, his time and are a general nuisance.

One of my basic criticisms is not the fact that there are Area Committees to evaluate faculty appointments, but the fact that the Deans or, in my case, the Vice President is bypassed by the process. Also, I am far from sold on the criteria which, in my opinion, give undue emphasis to research and do not recognize adequately the inherent differences among the various colleges and disciplines within a college. Nevertheless, I am willing to go with the present system but I believe some modifications in procedure are called for. The specific recommendations which I wish to make now are the following:

1. Procedures. The deans (or if you prefer, the VPMC) should submit directly to the Chairman of the Area Committee the materials related to the prospective appointments of Medical Center faculty, and the Chairman of the Committee should report directly to the Dean or VPMC the relevant actions of the Committee. If the recommendation is favorable, then we would initiate the appointment papers, attaching a copy of the report of the Area Committee. If the action is not favorable, then we would either modify our anticipated recommendation or we would appeal directly to you requesting that the Area Committee be overruled. Assuming the Area Committee concurs with the recommendation, the only matter with which you or Dr. Albright would have to review, as a rule, would relate to salary and budget. Obviously, you would raise any other issues which you deemed important before the appointment was approved.

With this approach, it would be much easier for us to keep on top of the situation and to avoid or minimize delay. We could work in a much more satisfactory way with our department chairmen and with the Deans of the Colleges of Dentistry and Nursing. This would obviate a major concern I have with the present system in that Deans and the Vice President for the Medical Center would no longer be bypassed. If it is premature for the Area Committees to work with Deans in this way, an important step forward could be made from my point of view by permitting the Vice President for the Medical Center to have such a relationship for Medical Center faculty appointments just as the Executive Vice President has for other academic appointments.

I would emphasize that this recommendation does not reflect any difficulty or dissatisfaction in dealing with Dr. Albright. However, we both are busy and it is not easy to communicate as frequently or in the detail necessary to make the present system work expeditiously. This situation will not improve in time because both of us can only become busier, not less busy. Thus, decentralization as proposed is the only reasonable solution to the problems which occur not infrequently and would improve the status and attitude of the Deans, who are essential members of your administrative team.

2. Academic titles for "non-research" faculty. Although I have real reservations about a dual system of titles, I am willing to establish

such a system, one series for the full-time faculty who have research attainments, and another for full-time faculty who are not accomplished in research but are important for other reasons. I can accept this dichotomy only with the understanding that the "non-research" faculty would have all the prerogatives of other full-time faculty such as membership on the Faculty Council, committees, eligibility for membership at Spindletop Hall and any other fringe benefits and not become second-class faculty citizens. (Personally, I don't think it will be possible to avoid a second-class stigma, but I may be wrong. I'm willing to give it a trial anyway.) Also, I would need assurance that all colleges in the University will have a dual title system so that all colleges will be on a uniform basis.

I understand that the College of Agriculture has such a system of titles but I am not clear that these apply to many faculty members who are active in teaching on the Lexington campus; the application of dual titles to county agents and home demonstration agents who have little formal teaching responsibility in the usual academic sense is hardly parallel. A dual title system in the College of Education and some other colleges on the campus would be more analogous to our situation in the College of Nursing and with a few selected faculty members in the College of Medicine and the College of Dentistry.

We have not worked out yet a proposed system of titles for the non-research faculty and, as you know, we have an added complication in that the voluntary faculty represents still a third group. I think a title system that might find acceptance, although not enthusiasm, would go something like this, using an Associate Professor of Medicine as the example:

1 A full-time faculty appointment for those who are active and competent in teaching research and in other ways - Associate Professor of Medicine.

2 A full-time faculty appointment for those who are deemed competent in teaching and in other respects but who have little research productivity - Clinical Associate Professor of Medicine.

3 Appointment for a non-paid voluntary faculty member in a clinical department - Voluntary Associate Professor of Medicine. (In the basic science departments, we could continue to use the term Adjunct - e.g., Adjunct Associate Professor). The term Adjunct might be used also in the clinical departments, but I believe that the nuances of meaning and terminology used elsewhere are likely to make the first suggestion more acceptable. Regardless of the terminology finally proposed, if agreeable with you, we will develop a system of alternate titles for the "non-research" faculty.

Since the full-time non-research faculty would have all the prerogatives that go with a regular appointment except the title, I assume that all recommendations for appointments and promotions would go to the Area Committee just like the regular appointment proposals now go, and the Area Committee would then have the option of recommending the alternate title if the Committee did not believe the research productivity merited the regular title.

3. The removal of Assistant Professor appointments from review by the Area Committee. We feel strongly in the Medical Center that there is

little point in having the Area Committee review prospective appointments at the level of Assistant Professor. It is my impression that a number of the Area Committee members themselves would support this proposal. Appointment at the level of an Assistant Professor is virtually a beginning appointment for many faculty members and there is little experience or publication record, as a rule, upon which to make a judgment. I strongly feel that decisions at this level should be left to the department chairman and dean with whatever administrative scrutiny you care to give from your office. This would remove a significant volume of unnecessary work from the Area Committee.

4. Budget Administration. I believe I am now clear, as a result of our discussion at Carnahan House last Saturday, about the policy of holding rigidly to the expenditure base in budget administration except when unusual circumstances require its adjustment. These circumstances clearly merit discussion with you or Dr. Albright and your approval. However, there are a number of budget changes which must be made from time to time and I have been going through some of these recently with Dr. Albright. As usual, he has been generally understanding and cooperative. Nevertheless, this has required a significant investment of my personal time and effort, and also of Dr. Albright's, much more than the issues in question merit if we are to devote any time to larger issues of development. Most of these involve matters of salary adjustment of relatively small amounts and occasionally larger amounts.

I am requesting the authority to make these budget adjustments without further review with the understanding that concurrently other budget adjustments will be made to offset any added expenditures, thus retaining a constant expenditure base. I am quite willing to be guided by any general policy considerations which are established. The expenditure base can be checked by Mr. Owens, if you wish, and any questions relative to this matter worked out between Mr. Owens and Mr. Delabar. Not only will this save me much time and concern but, also, it will help significantly in my relationships with Medical Center faculty and in morale generally.

If you wish, I would be glad to discuss any of these matters further with you. I would repeat again that this is not an effort to circumvent the basic policies and new directions for the University which you are trying to implement but merely to adapt them in a way that will increase efficiency in administration, improve morale, and make life somewhat more tolerable for me and, I believe, also, for Dr. Albright.



WRW:lw

Rec'd
Jan 10

cc: Dr. A. D. Albright
Mr. Robert F. Kerley