

Edited Remarks from Provost Bidy Martin  
February 13, 2002 University Faculty Senate Meeting

Ref: Clinical Professor Title

I would like to make a few comments about the Clinical Professor Title. I have a strong opinion about it, and my opinion is that we need an additional title at Cornell. Why do we need an additional title or additional titles?

I'm convinced that we need to move away from the pattern, which we have had here historically, of having the tenure-track faculty's workload distribution involve a quite small research component. I don't think it is appropriate at a top research university to have faculty workload effort distributed in such a way that research represents a relatively small, sometimes minimal portion, of what faculty are expected to do. What is the solution to the problem of having faculty workload distributed in such a way that a very minor part of it is devoted to research? I think one part of the solution is to create an additional title or perhaps more than one additional title. Other universities have non-tenure-track clinical and research professorships. Some people fear that this could be a potential slight against tenure or tenured professorships. I think it would actually be a strengthening of the significance and the meaning of the tenure-track professorship, because it will preserve the possibility that research make up a significant component.

But there is a humane reason, and that's the one I want to emphasize, because other people here can give far better explanations for why this title might be useful in specific schools than I can. The humane reason is this. We have a number of people at this university in different colleges who are as qualified (sometimes more qualified) to teach or to do the kinds of technical work that they are doing than those of us who hold tenure-track professorships, and they are in positions, almost across the board, known as lectureships or senior lectureships. These titles don't accurately reflect the level of their expertise, their training, and their skill. This uniformity in titles creates problems. They can be insulting to the people who hold these titles. They don't accurately distinguish between those people on our faculty who teach but do not do research and don't have particular expertise gathered "in clinical practice." It is for that reason that I think it is important to have a title such as Professor of the Practice or Clinical Professor, to represent accurately what many faculty at this university do that is distinct both from what lecturers and senior lecturers do and what tenure-track faculty are expected to do. I hope that we will not permit cynicism about administrators' reasons for wishing to have new titles stand in the way of doing what would permit us to acknowledge the forms of expertise and the kinds of work that different faculty at this university do.

As I said in the chairs meeting last week, I think we can figure out how to construct new titles in a way that does not threaten what the tenure-track professorship means or how they will be used in the various colleges. I think we do some of our colleagues a disservice not to create titles that recognize the experience, the training, the expertise and the enormous quality that they bring to their work. Thank you for letting me go on."