


Cornell University
College of Veterinary Medicine

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To: Professor Thomas Cleland
Chairman, Committee on Academic Programs and Policies

From: 
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Cc: Michael Kotlikoff, Dean, College of Veterinary Medicine
General Committee of the Faculty, College of Veterinary Medicine

Subject: Clinical Professor title implementation in the College of Veterinary Medicine

For consideration by the Committee on Academic Programs and Policies, attached please find a proposal for implementation of the title Clinical Professor in the College of Veterinary Medicine. The proposal was approved by a vote of the college faculty on June 29, 2011 with the following results:

Tenure-track faculty members (120 eligible to vote)

Yes	85	85.9% (70.8% of those eligible to vote)
No	14	14.1%

Non-tenure track faculty members (66 eligible to vote)

Yes	48	96.0% (72.7% of those eligible to vote)
No	2	4.0%

Thus we have approval *"by at least two-thirds of those voting, by ballot, in separate votes, of tenure-track and of non-tenure-track faculty respectively of the originating college or school (as defined under Article XIII of the University Bylaws). Further, those voting positively must represent at least half of the respective faculty group with voting rights on that issue."* as described in the university enabling legislation. According to that legislation, the next step in the process for implementation is the transfer of the proposal to CAPP for review and approval at the level of the University Faculty.

Please do not hesitate to contact me with any questions or further information that you may have with regard to the proposal or the process.

**Proposal for implementation of the title Clinical Professor
by the College of Veterinary Medicine
February, 2011**

A. Justification. A proposal for adoption of the Clinical Professor title shall include a statement offering justification for adoption of the title within the originating college or school and explaining why existing titles for non-tenure-track faculty are insufficient for staffing and recruitment. The practices of peer schools and the impact of available titles on recruitment efforts may be of particular relevance in this regard.

A1. Why existing non-tenure-track titles are insufficient: The College of Veterinary Medicine provides a four-year professional curriculum, which includes an extensive hospital-based teaching program that provides individualized instruction during the third and fourth years in order to prepare students for clinical practice. Post-graduate education of interns, residents and fellows as well as continuing education of veterinarians are important components of the mission of the College. Hospital patients are cared for by a team of faculty (tenure-track and non-tenure track), residents, interns, licensed veterinary technicians, and veterinary students. Currently, over 20 clinical specialties are represented in the departments of Clinical Sciences, Population Medicine and Diagnostic Sciences, and Biomedical Sciences. The teaching performed in this context is distinctive from didactic teaching and is extremely labor intensive, requiring a high ratio of faculty teachers to students. Probationary tenure-track faculty members are required to have sufficient time (minimum of 35-50% effort) to pursue research at a level that is expected for tenured faculty in a research university. Because of the effort limitations, provision of sufficient numbers of tenure track faculty to cover all the clinical service activities and associated teaching is cost prohibitive for the College. In order to meet our educational and service missions, we require a cadre of faculty with efforts ranging from 65-80% allocated to clinical service. The extent of this clinical teaching effort limits research activities to those primarily of a collaborative or consultative nature that would not be recognized as compatible with the expectations for research leadership that apply to tenure track professors.

Many of our clinical faculty members currently hold the title of Lecturer or Senior Lecturer. As described by the Faculty Handbook: "The responsibilities of the positions are primarily, if not entirely, in teaching; research responsibilities are not expected to be included." The description does not adequately encompass the expectations for clinical service that apply to some faculty members in the CVM, nor are the titles recognized within the veterinary profession as descriptive of the role that clinicians and diagnosticians play in the education of veterinary students and post-graduate veterinarians. Furthermore, clinicians are uniquely positioned to be pivotal in collaboration and consultation on clinical studies and this aspect of their activities further distinguishes them from Lecturers.

A2. Practices of peer schools: Although the scope and impact of Veterinary Medicine is broad, the educational institutions that support the profession are limited in number and, overall, the profession is much smaller than the human medical profession. Diagnostic and clinical specialization (e.g. medical oncology, internal medicine, anatomic pathology, diagnostic virology) is required for many of the faculty members who perform diagnostic and clinical service in university veterinary diagnostic laboratories and animal hospitals. The competition for a limited pool of veterinarians with specialized clinical skills is intense and has been aggravated by the proliferation of large private hospitals, referral centers and pharmaceutical/biotechnical companies that also require individuals with these qualifications. Success in competition for hiring specialty-trained veterinarians requires that the titles be attractive and that they accurately reflect the work of these individuals.

An informal survey, conducted in August 2010, revealed that approximately 66% (21 of 32) of veterinary colleges in North America offer a clinical professor career track for faculty members carrying a substantial expectation for clinical service and teaching. Most importantly, institutions in our peer group (e.g. the University of Pennsylvania and the University of California at Davis) offer these titles and we routinely compete with them for talented faculty candidates. The Clinical Professor title will strengthen our efforts to recruit and retain faculty credentialed in the clinical disciplines and to staff our hospital and diagnostic services. Furthermore, Weill Cornell Medical College offers the title of Clinical Professor to faculty members with qualifications similar to those described above. Use of the title by the Veterinary College will afford better consistency across the University.

B. Description of Position. The proposal shall describe as precisely as possible the functions and responsibilities of positions bearing the title and the anticipated distribution of such positions within the college or school.

B1. Functions and responsibilities: The primary function of the position Clinical Professor will be to provide clinical or diagnostic service to the College, Animal Hospital or Diagnostic Laboratory, and to teach in that context in accordance with the needs of the department in which the position is appointed. Effort for clinical service and teaching is expected to be 65-80%. The specific nature of teaching may vary across departments and with individual appointments. It is the responsibility of the department to establish clear expectations and evaluation tools for teaching accomplishment. A clinical professor's responsibility is to help students integrate and apply knowledge, skills and attitudes. Students are broadly defined and may be those enrolled in the professional curriculum, engaged in post-graduate residency or fellows training, or continuing education programs. Clinical professors provide context-based learning that is gained through first-hand client and professional interactions and hands-on training in the clinical practice setting. Clinical Professors will be full participants in academic service, serving on faculty committees, and providing

leadership in their department, college and university (estimated at 5-10% effort). Research effort will not exceed 25% and is expected to be collaborative or consultative in nature. Clinical Professors will not be expected to develop independent leadership roles in research. Clinical Professors will be expected to achieve excellence in all aspects of their appointment and to produce scholarship that reflects this excellence.

B2. Distribution of positions within the college: The anticipated distribution of positions within the CVM is based on 25% of the tenure-track appointments within each department and the contributions of each department to clinical service. When deploying these positions across the College, our intent is to maintain a healthy balance among tenure track, clinical track and other specialty titled faculty appointments. We anticipate the following distribution, based on current numbers of tenure track faculty (number in parentheses):

- Clinical Sciences 9 (37)
- Biomedical Sciences 6* (27)
- Population Medicine and Diagnostic Sciences 5 (20)
- Molecular Medicine 0 (14)
- Microbiology and Immunology 0 (21)

*See explanation in Section D for departments that are not predominantly clinical in emphasis.

C. Terms of Appointment. The proposal shall include a summary of the terms on which candidates will be appointed and reappointed to such positions and promoted from one to another. These terms should include: the nature of the search by which applications will be elicited; the credentials required by holders of these positions; the levels (department, college, university) at which approval for individual appointments is necessary; the length of appointments; the possibilities open to appointees for movement between non-tenure-track and tenure-track paths; and procedures for renewal and promotion open to appointees.

C1. Appointment

1a. Nature of search: A formal rigorous, international search, subject to affirmative action regulations, will be conducted in the manner employed for tenure-track positions. Searches will be conducted by the department in which the appointment will be made, with oversight from the Dean and Associate Dean for Academic Affairs. Waiver of search will require approval of the Provost.

1b. Credentials: DVM or equivalent degree, including specialty boards or demonstrated expertise in the appropriate discipline. In some circumstances, individuals holding Ph.D. or M.D. degrees and specialized diagnostic certification or training may also be appointed.

1c. Levels of approval for individual appointments: Creation of new positions and naming of individuals to clinical professor titles will require approval

by the departmental faculty and the Dean.

1d. Length of appointments: Initial appointment of Assistant Clinical Professors will be for 3 years. Following a rigorous departmental performance review of the first 3 years, the Assistant Clinical Professor may be re-appointed for 3 years. Promotion to Associate Clinical Professor must be completed by the end of the 6th year. Should the bid for promotion fail, the appointment will terminate no later than the end of the 7th year. Associate Clinical Professors (either newly appointed or promoted from Assistant Clinical Professor) will be reviewed for promotion within 6 years. Renewal of Associate Clinical Professors and (full) Clinical Professors will be for up to 5 years on a rolling basis. That is, following a positive annual review, an individual may be reappointed for 5 years from that date. In this way the appointment would be extended by 5 years, every year following a positive annual review. Appointments may be renewed repeatedly as legislated in the University Faculty Handbook.

1e. Possibilities for movement between clinical and tenure-track career paths: Faculty members in either clinical or tenure-track appointments may apply for open positions in the alternate track for which they are qualified. A faculty member in a tenure-track appointment may not move into a clinical-track appointment after a negative tenure decision in any circumstance. Similarly, a clinical professor may not move into a tenure-track appointment after a negative reappointment or promotion decision.

Faculty members holding other titles who wish to be considered for appointment as clinical professors, would make an application after consultation with their department chairperson. In consultation with the departmental faculty, the chair would determine whether such a change in title was compatible with departmental goals and strategies. If the department is in support of the change in title, the candidate would work with the chair to compile a dossier documenting academic accomplishments similar to that prepared for other appointments and promotion decisions as appropriate for the level of appointment. The application would be considered, discussed and voted upon by the tenured faculty and the Clinical Associate Professors and Clinical Professors of the appropriate department. The Department Chair would make a recommendation to the Dean, who may appoint an ad hoc committee for advice. The Dean would then make a final decision regarding the appointment. Unsuccessful applicants will retain their current titles without modification of their appointments.

C2. Procedures for renewal and promotion

Appointments and promotions for faculty with clinical professorial titles will closely follow University guidelines and policies on academic appointments for tenurable faculty as outlined in the Cornell University Faculty Handbook: Chapter 2.0. ACADEMIC APPOINTMENTS, REAPPOINTMENT, TENURE AND PROMOTION.

2a. Reappointment at Assistant Professor. Most commonly, a person entering a clinical track academic career path is given a three-year appointment at the Clinical Assistant Professor level. The faculty member must review his or her progress each year with the department chairperson. In the third year, a thorough performance review that includes endorsement of the departmental faculty by vote is conducted. If the outcome is positive, it is normal for renewal for a second three-year term to be recommended for approval by the Dean.

If the outcome of the three-year review is negative the faculty member must be given a terminal appointment that allows him or her to serve two full academic terms after the notice of non-renewal. If the faculty member clearly is not meeting expectations, the notice not to renew the appointment may be given earlier than the third year and the required two terms of notice must be provided.

Similar to practices for an Assistant Professor in the tenure track, a Clinical Assistant Professor may not be continued in this rank for more than six years. Additionally, if a Clinical Assistant Professor is reviewed and denied promotion, a one-year terminal appointment would be given.

2b. Appealing a decision not to reappoint. Procedures for appealing a decision not to reappoint a faculty member who holds an initial probationary-status appointment will follow those in Appendix Three of the Faculty Handbook (*Procedures for Appealing a Decision Not to Renew a Non-tenure Appointment*) with the exception that the appeals process ends at the college level.

2c. Promotion to Clinical Associate Professor. The University Faculty Handbook provides general guidelines for promotion of tenure track faculty that are applicable in determining the fitness of clinical track faculty for promotion to Clinical Associate Professor. The basic criteria for promotion are excellence in carrying out the responsibilities of the position and promise of continued achievements. Faculty evaluation will take into account the specific position responsibilities (particularly the division of effort between professional service, teaching, research and service to the College, University and the public) described in the faculty member's appointment letter, as modified during periodic reviews. All clinical professors will have an obligation to contribute to their discipline through research and to the well being of the academic community through college and university service.

Promotion to the rank of Clinical Associate Professor usually occurs after completion of the probationary period as a Clinical Assistant Professor. In most cases, the candidate will be reviewed for promotion during the sixth year in the clinical track, typically during the third year of the second term of appointment as a Clinical Assistant Professor. The length of the probationary period can be shorter depending on the experience of the individual before the initial appointment as Clinical Assistant Professor.

A faculty member may not hold the position of Clinical Assistant Professor for more than the equivalent of six years of full-time service, unless, in the

judgment of the Dean, a temporary extension is warranted due to circumstances beyond the control of the candidate.

The initial appointment to the Cornell faculty of a highly qualified person who is already credited with significant achievements may be at the rank of Clinical Associate Professor or even Clinical Professor, in probationary status. Such appointments are for a limited term of not more than two years. Successful formal review as described below (Section D) is required for movement from probationary status to a regular 5-year renewable appointment.

2ci. Review Process for Promotion to Clinical Associate Professor

The processes for review for promotion from Clinical Assistant Professor to Clinical Associate Professor will be closely modeled upon those used for the equivalent promotion in tenure track.

Permission to initiate a review for promotion to Clinical Associate Professor must be obtained from the Dean, because it ordinarily commits the college or school to long-term support of the position. If a denial is made based on funding then the dean must explain the basis of his/her decision to Department.

A dossier is compiled by the candidate, including a curriculum vitae, list of publications, copies of relevant publications, a teaching portfolio, and a narrative describing accomplishments and plans. Letters of evaluation from DVM professional students, interns, residents, post-graduate veterinarians, graduate students, colleagues in the University and outside experts are collected by the Department Chair. Assembled documentation is made available to tenured faculty members, Clinical Associate Professors and Clinical Professors of the department. A meeting is held to discuss the performance and potential of the candidate and a vote on promotion is conducted. The chairperson represents the department in making and explaining to the Dean the department's recommendation for or against promotion.

A negative review is communicated first to the candidate prior to the Dean, and the candidate has an opportunity to request reconsideration by the department. The procedures for this will be modeled on those in Appendix Five of the Faculty Handbook (*Procedures for Appealing a Negative Tenure Decision*) with the exception that the appeals process ends at the college level.

After the department's initial review and any reconsideration are completed, the Dean reviews the decision at the college level. If the department's recommendation is positive, the Dean may approve the promotion or may appoint an *ad hoc* committee of faculty members from college departments other than the home department of the candidate, to study the evidence and advise him or her in reaching a decision. Even if the department's recommendation is negative, the candidate may still request that the Dean appoint the *ad hoc* committee.

2cii. Appealing negative promotion decisions. The faculty member may appeal a decision not to conduct a promotion review. The procedures for such an appeal will be modeled on Appendix Four of the Faculty Handbook (*Procedures for Appealing a Decision Not to Conduct a Tenure Review at the End of the Ordinary Tenure Probation Period on the Basis of Factors Other Than Candidate Performance*) with the exception that the formal appeals process ends at the college level.

If the promotion dossier reaches the Dean's office and the Dean reaches a tentative decision that is negative, the Dean communicates it to the candidate and the department, to provide an opportunity for rebuttal of the reasons and a request for reconsideration at the college level. The candidate has an opportunity to appeal at the college level. The procedures for this will be modeled on those in Appendix Five of the Faculty Handbook (*Procedures for Appealing a Negative Tenure Decision*) with the exception that the formal appeals process ends at the college level.

If the ultimate outcome of the review for promotion to Clinical Associate Professor is negative, the faculty member must be given a terminal appointment that allows him or her to serve two full academic terms after the notice of non-renewal.

At all times during the appeals process the faculty member has access to the University Ombudsman.

2d. Time Period for Review for Promotion to Clinical Professor.

Clinical Associate Professors are normally considered for review for promotion to Clinical Professor following their fifth year of appointment in this title. At that time, the chairperson of the department convenes a meeting of the full Professors and Clinical Professors to decide whether a formal review for promotion should be initiated. If the Professors and Clinical Professors decide not to initiate a review, the chairperson will discuss their decision with the candidate. The candidate may request a formal review at that time, and his or her request will be granted automatically. If the candidate agrees to postponement, the chairperson will, at the beginning of the following year, consult the full Professors and Clinical Professors again, and initiate a formal review unless the candidate requests that the review be postponed. If the candidate has not been reviewed at least once after serving as a Clinical Associate Professor for seven years, the chairperson will consult the candidate at least triennially and will initiate a formal review unless the candidate does not want one.

If a candidate has received a formal review that has not culminated in a recommendation of promotion, the candidate may, after two or more years have elapsed, request a second review, and this request will be granted. (If the first review was unsuccessfully appealed, the two years are measured from the time

of the decision on the appeal.) There is no upper limit to the time a faculty member may serve in the rank of Clinical Associate Professor.

2e. Review process for Promotion to Clinical Professor. The processes for review for promotion from Clinical Associate Professor to Clinical Professor will be closely modeled upon those used for this promotion of faculty in tenure track.

The criteria for promotion from Clinical Associate Professor to Clinical Professor are excellence in clinical teaching and service, scholarly achievement, and a judgment on whether the individual has fulfilled the promise on which promotion to Clinical Associate Professor was originally granted. A departmental review is conducted, and a detailed rationale for the promotion must be submitted to the Dean along with the vote of the Professors and Clinical Professors among the faculty.

The department procedures applicable to the promotion to Clinical Professor are the same as those outlined above for promotion to Clinical Associate Professor, except that the vote is limited to the Professors and Clinical Professors in the department. The documentation need not be as extensive as it is for promotion to Clinical Associate Professor, and the charging of an ad hoc committee is at the Dean's discretion unless the recommendation of the department is negative and the candidate requests such a committee.

The Dean is not bound by the recommendation of the department as expressed by the chairperson. If the Dean disagrees with the judgment of the department, he or she will—if this has not already been done—set up an ad hoc committee and receive their input before reversing the department decision. Appeal at the departmental and College level will be modeled on those in Appendix Six of the Faculty Handbook (*Procedures for Appealing a Negative Decision on Promotion to Full Professor*) with the exception that the appeals process ends at the college level. At all times during the appeals process the faculty member has access to the University Ombudsman.

D. Percentage Limitation. The proposal shall include a statement restricting the creation of positions in the proposed titles to a certain percentage of the tenure-track faculty of the originating college and of the tenure-track faculty in those departments or programs where those positions are located.

The number of Clinical Professor positions within the College of Veterinary Medicine will be limited to 25% of the number of tenure-track faculty in the College and to 25% of the tenure track faculty within any department. In the instance where a clinical or diagnostic service unit is embedded in a larger, non-clinical department, the number of Clinical Professors shall not exceed 50% of the faculty appointments within that unit (or 25% of the tenure-track faculty in the department, whichever is less), in order to preserve the representation of tenure-track professorial faculty in the unit.

E. Voting and Other Rights. The proposal shall define the rights and responsibilities of appointees in the proposed titles, including their voting status in their departments and colleges or schools, and their access to grievance and appeals processes available to tenure-track faculty.

E1. Voting status and other privileges: Clinical Professors of all ranks are members of the college faculty, are eligible to serve on University, College and Department committees, and have voting privileges at the department and college levels, with the exception of decisions regarding promotion above their rank, or tenure and promotion of tenure track faculty.

Consulting activities of Clinical Professors will have oversight according to policies of the College and University. Clinical Associate Professors and Clinical Professors will be eligible for sabbatical leave under the conditions described in the Faculty Handbook. Clinical Associate Professors and Clinical Professors will also be eligible for emeritus status under the conditions described in the Faculty Handbook.

E2. Grievance and Appeals: Clinical professorial faculty will have access to established faculty grievance procedures within the College of Veterinary Medicine.

The College Academic Grievance Procedures provide the means whereby any member of the faculty or academic professional staff of the College who believes him or herself to be aggrieved can obtain consideration for redress of his or her grievance. Grievable matters include, but are not limited to the following: reward (salary or other benefits); academic freedom; work assignment; working conditions; discrimination; sexual harassment; and the existence of, adequacy of, and adherence to equitable grievance procedures. The General Committee of the Faculty is the College grievance committee and the grievance procedures are described in detail in a document that can be obtained from the Dean's Office. Chapter 5 of the Faculty Handbook describes expectations for College-Level Grievance Procedures and provides a link to the relevant part of the University Policy website. College grievance procedures are not applicable to complaints with respect to appointment, reappointment and promotion, which are dealt with by a special process described in Section C. The procedures that should be followed, at the University level, when academic misconduct is thought to have occurred are described in Chapter 5 Academic Policies and Responsibilities of the Cornell Faculty Handbook (pp. 73-76).

A grievant may also wish to consult the University Ombudsman's office. The ombudsman "hears complaints from any source within the university community or directed against anyone in the university exercising authority and attempts to assist in obtaining a resolution of the problem. To the extent permitted by law and consistent with other university policies, confidentiality and anonymity will be provided to any grievant who requests such protection. When appropriate, the office investigates and reports findings and conclusions without

restriction other than to protect the rights of individuals. The office does not exercise powers of decision but may accept the role of arbitrator when requested to do so by parties to a dispute. Their web address is <http://ombudsman.cornell.edu/>." See Cornell Faculty Handbook, Chapter 7, Services and Facilities, page 140.

Appeals processes that apply to reappointment and promotion are described in Section C.

F. Impact Statement. The proposal shall contain an appraisal of the impact of creating the new positions on existing tenure-track and non-tenure-track academic titles and their holders. This appraisal should indicate whether and in what ways current holders of non-tenure-track titles will be eligible for appointment to the new positions and whether their current positions will be protected against elimination by the new positions.

The impact of these new positions will be in redistribution of titles among the non-tenure track faculty. Previously, departments in the College have used lecture/senior lecturer titles to grow the ranks of the faculty in order to sustain clinical programs. Currently, there is no cap on the numbers of non-tenure track faculty allowable within a department or unit and in some instances this has created both budgetary and academic strain. Some of the current lecturers/senior lecturers would be considered eligible for a clinical professorial title based on their credentials and accomplishments. Appointment of these individuals to clinical professorial titles would result in fewer lecturers but not a net change in numbers of non-tenure track faculty.

Use of the clinical professorial titles at the College of Veterinary Medicine will not require a reduction of the numbers of tenure-track faculty. Clinical professorial positions will be used strategically in units where greater teaching and service responsibilities are required than are allowed for a tenure track position. The College will adhere strictly to the cap on clinical professors in order to guarantee that they do not create an imbalance within departments or units.