We feel strongly that this proposal affirms the commitment of the College of Veterinary Medicine (CVM) to the important roles of tenure track faculty, by maintaining the majority of our faculty in tenure lines.

Currently the CVM has a cap of 25% that is inclusive of both our clinical professor and (soon to be added) professor of practice titles relative to the number of tenure track faculty. There is NO cap on the number of lecturer positions. The current legislation combines **all RTE titles** under one cap of 45% of total faculty numbers, thereby preventing any possible future unchecked growth in usage of uncapped RTE titles.

Note that our review of peer institutions highlights why this cap is causing such significant problems in recruitment and retention. The RTE titles most commonly used by our peers are the clinical professor titles; Lecturer titles are used very rarely. Because we cannot use as many of clinical titles as are actually needed to perform our mission, we have been forced to hire faculty into Lecturer titles.

Inappropriate use of Lecturer titles significantly impacts the scholarly activity of the RTE faculty, including serving as a principal investigator, recognition by colleagues (such as being selected for speaking at conferences or invitations to collaborate on proposals), and individual pathways for promotion. These combine to create a feeling of "second class" for those with non-professorial titles that has not only led to serious morale problems, but also impacted the external standing and reputations of our faculty and therefore our College. The CVM has "played by the rules," and not exceeded these caps even though it has negatively influenced our ability to recruit and retain outstanding faculty, especially in clinical veterinary medicine and public health.

Our proposal DOES NOT CHANGE THE PROPORTION OF TENURE TRACK APPOINTMENTS. It maintains our current ratio of approximately 45% RTE faculty to 55% Tenure track. What it DOES DO is bring ALL RTE appointments (including lecturer) under the same 45% cap, but give us the flexibility to use the most appropriate title for each RTE faculty member, reflecting their training, experience and duties, without artificially limiting the usage of the most relevant titles. If anything, this protects the majority of the faculty being in tenure lines while allowing a much more equitable distribution of the clinical professor and professor of practice titles.

We firmly believe this will enhance the scholarly output of our RTE faculty and create a more inclusive and equitable work environment, while preserving the sanctity of the tenure lines in our college. Modification of the cap for the CVM should not have far-reaching consequences for other Colleges and Schools at Cornell. Comparison of legislation from peer institutions such as UC Davis, the University of Pennsylvania, and Ohio State University revealed that these institutions recognize that health-related Colleges/Schools have increased need for these titles, and enable them to have College-specific percentages. Other Colleges/Schools on their campuses would have other, typically lower percentages allowed. These are spelled out (or not) depending on the institution.

Please note that in addition to making our use of RTE titles more consistent with that of other top veterinary schools, this change will also have very significant positive impacts on Cornell's new Master of Public Health Program, which is administered by the CVM. Accreditation guidelines of the Council on Education for Public Health mandate inclusion of faculty with extensive practical experience. In response to this mandate, the CVM has hired multiple faculty with extensive practice experience. However, it has had to do so using Lecturer titles instead of titles that appropriately reflect the stature, responsibilities and scholarly activities of these individuals. Failure to adjust the cap will prevent the MPH Program from effectively using the newly approved Professor of Practice titles, and could have long-lasting negative impacts on the development of this Program, which is a strategic priority for the CVM and University.