

Proposal from the College of Veterinary Medicine (CVM) to Modify Research, Teaching and Extension (RTE) Cap Restraints

Documentation of compliance with “Resolution on RTE Percent Limitation Approval Procedures” (posted June 10, 2020)

Summary of proposed modification: Currently, the titles of Clinical-track and Practice-track professors are capped at 25% of the numbers of tenure track (TT) faculty, and there is no cap on other RTE titles. The CVM proposes that all RTE titleholders who are voting members of the faculty but are not term limited be capped in aggregate at no more than 45% of the total faculty numbers. However, there would be no cap on any particular title within the RTE pool. This change ensures that a permanent majority of the faculty would be in TT positions (55% at a minimum). This proposal does not in any way reduce the percentage of TT faculty from what we have now, or will have in the future. Rather, it simply provides us with the flexibility to use the most appropriate title for any individual RTE faculty member.

Please see other documents which provide more background, context, explanation of need, etc. This document has been assembled from those to show, in one place, compliance with the new resolution providing a mechanism for colleges to seek to modify their RTE percent limitation constraints. The document is organized by the attributes listed in the resolution.

A. Subset of RTE titles subject to percent limitation

Our proposal would target the aggregate of RTE titleholders who are voting members of the faculty but are not term-limited. At the CVM, this group comprises all faculty holding titles of: Lecturer (22), Senior Lecturer (21), Senior Extension Associate (10), Senior Research Associate (15), Assistant/Associate/Full Research Professor (7), Assistant/Associate/Full Clinical Professor (23), and Assistant/Associate/Full Professor of Practice (0; titles just approved and not yet in use).

These 98 current RTE faculty can be compared against 118 current TT faculty, with ongoing searches seeking to add 2 RTE and 6 TT to these numbers. Therefore, our projection for this year is that RTE will account for 45% of the total, a percentage which has remained stable for a decade. Note that individuals in titles of Instructor, Extension Associate, and Research Associate are NOT considered voting members of the CVM faculty and/or are term-limited, and are therefore excluded from this group.

B. Specification of criteria that must be satisfied for a department to exceed the maximum ratio

Departments currently have differing ratios of TT to RTE faculty, with those departments involved in providing clinical services and training, diagnostic services and training, extension and outreach, and public health practice and training, having slightly higher percentages of RTE

faculty. In contrast, departments focusing on basic science have slightly lower proportions of RTE faculty. Two guiding motivations behind our College's proposal are that we do not wish for the proposed change to result in TT positions becoming even more concentrated in some units and increasingly rare in others, and that we make every effort to maintain the recruitment of TT veterinary clinical scientists and TT faculty in public health. Therefore, our faculty have approved in our proposal that each department maintain at a minimum, the percentage of TT faculty that currently exists at the time of this motion. However, because of the differences in responsibilities among departments, we shall maintain the overall RTE:TT ratio at the level of the college as a whole.

C. Rationale why current percent limitation constraints are not relevant or appropriate:

The primary motivation of our proposal is not to increase RTE numbers; rather, it is to be able to utilize the RTE titles that are most appropriate for a given faculty member's responsibilities, training, and experience. The CVM is unique at Cornell in running a large teaching hospital, a large veterinary diagnostic laboratory, and the University's public health program. Currently the CVM has a cap of 25% that includes both our clinical professor and (recently added) professor of practice titles relative to the number of TT faculty. There is NO cap on the number of many other RTE faculty positions (lecturer, senior lecturer, senior extension associate). To stay at the forefront of academic medicine, diagnostic science, and public health, we must have the world's best clinicians, diagnosticians, and public health professionals. The current cap prevents us from utilizing titles that match the qualifications and duties of our faculty.

The proposed legislation combines **all RTE titles** for faculty with voting privileges, under one cap of 45% of total faculty numbers (82% of TT lines), thereby preventing unchecked growth in usage of uncapped RTE titles. Although the current ratio represents a snapshot in time, the College has evolved to this point because a mix of titles best enables us to perform our diverse missions. Through this proposal, we seek to modify only the artificial constraint limiting those RTE titles for which we have most need (i.e. the clinical-track and practice-track professorial titles), but leaving other RTE titles uncapped. This will achieve the following objectives:

1. It will enhance our ability to recruit top faculty.
2. It will enable alignment of current RTE faculty with titles that match their job description.
3. It will improve the external reputation of our RTE Faculty
4. It will enhance CVM's ability to participate in certain campus-wide initiatives.
5. It will give us the flexibility to meet the specific needs of our five departments.

Our peer institutions (see next section including table) have similar needs but have an even higher percentage of RTE faculty. Very few use lecturer titles; most use clinical-track professorial titles for their RTE faculty. The artificial cap on clinical- and practice-track professorial titles currently in place at our institution causes significant problems in recruitment and retention, and creates inequity among faculty having similar training, skills and responsibilities. These harm the scholarly activities of our faculty and College.

D. Peer Veterinary Colleges: TT/RTE Statistics*

School (Rank)	#TT	#RTE ¹	Ratio RTE:TT	Notes
University of California, Davis (1)	125	131	1.05	Notes on legislation below ²
Cornell (2)	127	114	0.90	
North Carolina State (T4)	116	57	0.49	Contact with Dept Chair at NCSU suggested no cap constraining RTE hires and widespread use of non-faculty instructors for clinical and teaching needs. These are NOT reflected in these numbers.
Ohio State (T4)	61	78	1.28	Notes on legislation below ³
Texas A&M (T4)	119	135	1.13	Senior faculty member there reports that they have no cap constraining RTE hires.
University of Pennsylvania (T4)	58	103	1.78	Notes on legislation and difference in scope below ⁴

*Numbers obtained from the AAVMC 2019-2020 Comparative Data Report (Table 3, "Faculty Head Count," published January 6, 2020)

¹ Note that across all the colleges and schools of veterinary medicine examined, the listing of "Lecturer" titles as faculty was rare, other than Cornell. Note also that the scope of each college/school impacts percentages greatly. We are the only top 5 school that administers an MPH Program for its University, and some schools do not operate state diagnostic labs.

² Davis is part of the UC system. They have no limits on Professor of Residence titles. The Chancellor may set a "quota" for Clinical Professor titles for a school in consultation with the Senate. They do not have a cap or constraint on Clinical Professor titles, but a review can be triggered when the percentage in that title family exceeds 1/6th of *all* faculty (including RTE).

³ Ohio State's legislation regarding relative percent of RTE faculty is as follows: "Unless an exception is approved by the university senate and the board of trustees, clinical/teaching/practice faculty may comprise no more than forty percent of the total tenure-track, clinical/teaching/practice and research faculty (as defined in rule 3335-5-19 of the Administrative Code) in each of the colleges of the health sciences." They currently appear to be at 56%.

⁴ Unlike Cornell, Penn does not run a state diagnostic lab and therefore has far fewer RTE needed for practice/extension. Penn's legislation places constraints on two RTE title families: Clinician Educators and Academic Clinicians. These are determined by each of their clinical schools (e.g. "Each school will set a cap for its Clinician-Educator track as a percentage of the Standing Faculty that aligns with its missions."). Their caps are as follows (Note that "Academic Clinician" titles appear to be new.):

"School of Veterinary Medicine: The percentage of Clinician-Educators in the faculty may not exceed 50 percent of the number of Standing Faculty in the school." "The number of Academic Clinicians in the faculty may not exceed forty percent of the number of Standing Faculty in the school."

Note that Colorado State University (ranked #3) is excluded from this table because their College of Veterinary Medicine and Biomedical Sciences is unique in offering multiple undergraduate majors (e.g. biomedical sciences, environmental public health, microbiology and immunology).

E. Confirmation that RTE positions do not replace TT positions

If passed, this proposal will in no way dilute our TT positions. The proposed modification simply enables us to move existing RTE faculty to the RTE title that most accurately describes what they are actually doing, and utilize appropriate titles for new RTE hires in the future. *The proposal brings all voting RTE faculty under the same cap, including lecturers who are not currently capped.* As such, this proposal provides a floor for the minimum percentage of faculty (55%) that can be in TT titles.

The balance of titles we are proposing will always leave a majority in the TT lines, and have historically (last decade) been used to optimize performance of the clinical, outreach, teaching, extension, public health, and research missions of our college. Faculty in RTE titles have different responsibilities, experiences, effort allocations, and outcome metrics that complement those of TT faculty; neither can replace the other.

As an example of the complementary value that faculty with practice experience bring, the College's RTE faculty in the public health program are providing significant service to the university in the current COVID-19 pandemic. This is based on their decades of experience in managing various infectious disease outbreaks and other public health crises at scales ranging from New York City to entire nations—experiences uncommon for TT faculty on a traditional academic track.

F. Confirmation that RTE positions do not detract from hiring additional TT faculty

As noted above, we are not seeking to increase our relative percentage of RTE faculty; rather, we wish to be able to use the most appropriate RTE titles for our existing and future RTE faculty that match their responsibilities, training and experience. The aggregate percentage of 45% faculty holding RTE titles has been relatively constant at the CVM for a decade or more. Looking forward, we also investigated all faculty hires (both RTE and TT) planned across the entire CVM over the next 5 years. If all those searches are successful, the overall ratio of 0.8 RTE:TT will not change.

G. Specification of voting rights

All CVM RTE faculty having voting rights will be included in this proposal. No changes in voting privileges are part of this proposal. RTE faculty will only have voting rights on issues that pertain to their titles and functions (e.g. they will not vote on issues related to the tenure and promotion of TT faculty).

Additional information:

This proposal arose from the CVM's strategic planning process, in which we described the importance of the CVM's role in launching the University's Master of Public Health Program, and promoting the excellence of our clinical and diagnostic services and training. While

undertaking the strategic planning exercise, we identified problems with the equitable use of RTE titles, which hamper the scholarly activities of our RTE faculties and interfere with the College's ability to fulfill its missions and realize its strategic plan.

As a result of the strategic plan, a "titles committee" was convened and charged with identifying these issues and making recommendations for possible solutions. That committee comprised both TT and RTE faculty. The committee made several recommendations, including adoption of use of Professor of Practice titles, and a modification of the artificial 25% constraint on Clinical Professor and Professor of Practice titles. Both these issues were widely discussed by CVM faculty, including at multiple College faculty meetings from November, 2019 through March 2019; several more open "town halls;" and focused discussion at each department's faculty meeting on at least two occasions. Separate resolutions were proposed and approved by the CVM faculty (breakouts below). The Faculty Senate approved the College's proposal to allow the CVM to use the Professor of Practice titles, leading to the current proposal to modify the cap.

Given that the electorate consisted of 118 University Faculty and 93 RTE Faculty, the results of the CVM internal vote conform to the approval rules set forth in the enabling legislation:

University Faculty: Yes = 87 (74%), No = 6 (5%) , Abstain = 7 (6%), DNV = 18 (15%)

Voting RTE Faculty: Yes = 81 (87%), No = 2 (2%) , Abstain = 2 (2%), DNV = 8 (9%)