

Minutes¹

Faculty Consultative Committee
Thursday, September 22, 2005
1:15 – 3:00
238A Morrill Hall

Present: Jean Bauer (chair), Gary Balas, Nancy Carpenter, Barbara Elliott, Dan Feeney, Megan Gunnar, Mary Jo Kane, Morris Kleiner, Kathleen Krichbaum, Scott Lanyon, Marvin Marshak, Judith Martin, Richard McCormick, Fred Morrison, Terry Roe, Steven Ruggles, John Sullivan, Jennifer Windsor

Absent: Martin Sampson

Guests: Senior Vice President for Academic Affairs and Provost E. Thomas Sullivan, Director of Admissions (Twin Cities) Wayne Sigler

Other: Kathryn Stuckert, Lynn Holleran (Office of the Chief of Staff), Vice Provost Craig Swan

[In these minutes: (1) Representation to the Coalition on Intercollegiate Athletics; (2) Follow-Up on Post-Retirement Health Care; (3) Voting Rights for Medical School Clinical Scholars; (4) Admissions, Quality, and Price; (5) Strategic Planning Task Forces]

1. Representation to the Coalition on Intercollegiate Athletics

Professor Bauer convened the meeting at 1:20 and turned to Professor Kane for an announcement. Professor Kane noted that she had been serving as the Faculty Senate/FCC's representative to the Coalition on Intercollegiate Athletics, a national organization of faculty senate leaders seeking reforms in college athletics. She was unable to fill that role any longer, so the Committee needed to identify someone else to serve.

The Committee discussed several names and asked Professor Bauer to call them.

2. Follow-Up on Post-Retirement Health Care

Professor Bauer recalled that Professor Feeney, at the last meeting, had asked what interest in or commitment there was on the part of this Committee for post-retirement health care. Does the Committee want other committees to work on the topic? Professor Lanyon said he did not believe that any more work was required; the proposal had been DOA at the Faculty Senate because of the presentation and understanding at that meeting.

Professor Roe said that the Senate Committee on Faculty Affairs had looked at the issue. If the University were to seriously study post-retirement health care, what work must be done? There are also implementing questions—how would it be phased in? What would the cost be? What consensus does the Committee need from its constituents? The Committee should suggest a process for studying the issue

¹ These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate; none of the comments, conclusions, or actions reported in these minutes represents the views of, nor are they binding on, the Senate, the Administration, or the Board of Regents.

and what steps need to be taken. Since the proposal was voted down by the Faculty Senate, Professor Kleiner reported, not much work has been done.

Professor McCormick said that Professor Feeney (who had not yet joined this meeting) wanted support for the provision of post-retirement health care and, in his opinion, made a persuasive case that it was the sensible thing to do. Conceivably the Faculty Senate's concerns could be addressed with the right preparation.

Professor Morrison said that one reason the proposal was voted down at the Faculty Senate meeting was because IRS regulations require that the benefit apply to everyone in the group or to no one. Younger faculty are not looking forward far enough to worry about post-retirement health care and older faculty have already made arrangements, and the proposal would have pulled money out of other options. He said that several things are clear to him:

- the University will not fund post-retirement health care and the money will need to come from the existing payroll;
- there are other options, each with disadvantages (one, although it would not work for the faculty, would be conversion of accumulated sick leave to payment for post-retirement health care);
- in the short run, this is a good idea that people can spend a lot of time on but that will not be passed; and
- the Medicare drug program, whatever it turns out to be, will have an affect on post-retirement health care costs.

This is a wonderful idea that he would hate to tell a group of people to spend two years working on, he concluded.

Professor Martin expressed doubt that the Faculty Senate as currently constituted would pass a post-retirement health care plan like the one that was rejected a few years ago. How does one respond to Professor McCormick's point that this is a good idea and the question is how to frame it, Professor Kane then asked?

Professor Morrison asked if the Committee wished to put this issue forward, given all that will be coming up in the next 12-18 months. It will get lost and will not get the consideration it deserves. The focus will be on strategic positioning the next few months, and while there are pieces of compensation in strategic positioning, this is not a key element.

Professor Balas asked if a conversation about compensation at the top three universities would involve this issue. This should be part of the faculty culture task force discussion. Others on the Committee agreed that this issue should be sent to that task force; it should look seriously at post-retirement health care as a part of compensation. The University needs to know how top-tier institutions handle this, Professor Roe commented.

3. Voting Rights for Medical School Clinical Scholars

Professor Bauer next introduced the question of voting rights (in University/Faculty Senate elections) for Clinical Scholars in the Medical School. The Committee last spring received a packet of information in support of the request from the Medical School Faculty Advisory Committee. Professor

Bauer reported that there are at present 339 individuals who hold these "I" (Clinical Scholar) appointments. At present the Medical School has 28 senators; if these 339 were added to the base on which representation is calculated, the number would increase to 39, or about 25% of the Faculty Senate. There are two other "I" appointments, at the Duluth Medical School, but no other unit uses it. She said she asked Professor Morrison to look at the question because he has worked on issues of tenure and governance. These are non-regular faculty appointments, not tenured/tenure-track, and represent the only group not dealt with in the reorganization of the Senate.

Professor Morrison said this issue puts the Committee between two different ideas it has been pursuing the last three or four years. In the unit governance document, the Committee and Faculty Senate pushed hard for tenured and tenure-track faculty as the governing body of departments and colleges. In the reorganization of the Senate, the Committee pushed for an all-inclusive Senate. The unit governance document suggests that the Clinical Scholars should not be included because they are not faculty in the usual sense; the inclusiveness thrust says they should be included somewhere, but not with the P&A staff. He said he was concerned about the 11 Faculty Senate seats that the Medical School would gain if the Clinical Scholars are counted; because the number of faculty senators is fixed, those seats would have to be taken away from other colleges. Professor Morrison said he was unsure how to resolve the dilemma.

Committee members offered a number of views.

-- Why could they not be considered faculty-like P&A staff and thus eligible for service in that category?

-- Medical Schools are a problem in governance. They need clinical appointments to be good medical schools, and if the Medical School says voting rights in Senate elections are needed to keep them happy, the Committee should think seriously about it.

-- There are clinical scholars whose publication record is outstanding; these are individuals who easily could be tenured faculty but for the lack of O&M funding. The issue is not their scholarly capacity, but if they are included, what of others who come into clinical positions with scholarly requirements? Should the Faculty Senate be expanded?

-- What does it mean if Clinical Scholars are made eligible to vote for faculty senators? Are there others in similar positions, such as the Law School clinical faculty? (They are in the faculty-like P&A category.)

-- There is a tension between representation of the whole faculty and the obligation of the tenured and tenure-track faculty to exercise governance responsibility. Clinical Scholars are apart from regular faculty. The Medical School should be asked if its faculty composition is changing and about the number of representatives it needs. The Medical School is important; it brings a lot of money and prestige to the University and cannot be brushed off. One of the AHC strategic positioning task forces is looking at workforce issues as well as the size of the faculty and enrollments; to base a decision on today's circumstances would be premature.

-- One need have no reservations about the scholarly credentials of the Clinical Scholars; one can have serious reservations about taking 11 seats from other colleges and giving them to the Medical School. They worked carefully on the numbers in the Faculty Senate and this would not be desirable.

-- The Senate talked about this a few years ago: the tendency to have fewer and fewer tenured and tenure-track faculty at the University. It is not the faculty of the Clinical Scholars, but if this Committee agrees to grant them voting rights identical to the tenured and tenure-track faculty, it is going in the wrong direction.

Professor Morrison suggested apportioning Senate seats on the basis of the number of tenured and tenure-track faculty but then leaving it up to each unit to decide who can vote for candidates for the Senate. There should be some direction from the Senate on the proportion of senators who are not tenured or tenure-track faculty, Professor Martin said; Professor Balas said there should be a limit; Professor Feeney said that was discussed during the reorganization and it would be troublesome to adopt a limit now. Let the units decide. This issue will come up again and again.

Professor Bauer suggested the Committee revisit the issue at its next meeting before making a final decision.

4. Admissions, Quality, and Price

Professor Bauer now welcomed Provost Sullivan and Dr. Sigler to the meeting to discuss issues related to admissions, tuition (price), and quality. The Committee voted unanimously to close the meeting.

The topics discussed during this portion of the meeting included the relationship between tuition rates and perceived quality, graduation rates and perceived quality, attracting top-ranked students, the relationship of the University with the state vis-à-vis increasing the academic quality of the student body, equity issues, and a number of related issues.

Professor Bauer thanked Dr. Sigler for joining the meeting.

5. Strategic Planning Task Forces

The Committee and the Provost next discussed the demographic composition of the strategic positioning task forces, the role of the Committee representative on the steering committees, the need for social science representation on the research task forces, and the role of advisory committees to the task forces (and whether they are used).

Professor Bauer thanked Provost Sullivan for joining the meeting.

-- Gary Engstrand

