Minutes*

Academic Freedom and Tenure Committee
Friday, September 10, 2010
9:30 – 11:30
300 Morrill Hall

Present: Barbara Elliott, Karen Miksch (co-chairs), Yusuf Abul-Hajj, Tracey Anderson, Arlene Carney, William Craig, Linda McLoon, Christine Marran, Paula O'Loughlin, Gary Peter, Paul Porter, Terry Simon, Carol Wells

Absent: Joseph Gaugler, Barbara Loken

Guests: Senior Vice President Frank Cerra

[In these minutes: (1) teaching track in the Academic Health Center; (2) continued discussion of the teaching track; (2) policy on academic appointments with teaching function

1. Teaching Track in the Academic Health Center

Professor Elliott welcomed Senior Vice President Cerra to the meeting to discuss the new teaching track in the Academic Health Center. She noted that Committee members had been provided materials in advance of the meeting: (1) Teaching Track Statement, Promotion Criteria and Standards, Department of Family Medicine and Community Health, (2) Resources for Medical Educators, and (3) Scholarship, Research, and Publishing in Medical Education.

Dr. Cerra provided highlights of the proposal and the general approach to faculty to fulfill the research, education, and clinical mission of the Medical School. They have about 880 medical students, about 1200 residents and fellows, and a large number of graduate students (300-400) pursuing a Masters or Ph.D. Students who are being educated as future physicians are at many hospitals: Veterans Affairs (VA), Fairview, HCMC, Regions, Essentia (Duluth), Center Care (St. Cloud), Park-Nicollet, and North Memorial. Only about one-third of the students are at the University of Minnesota Medical Center at any one time; the remainder are out at clinics, including rural-physician programs. There are about 3000 non-paid adjunct faculty who do work for the Medical School pro bono, and the Medical School pays about $2500 each to the University's cost pools to cover the costs of having these adjunct faculty affiliated.

Except for those at HCMC and the VA Hospital, adjunct faculty members, are not eligible for the teaching track. So there are "rings" of affiliation, Dr. Cerra related. The faculty at HCMC and the VA are closest; they are not on the payroll but they have clinical track or adjunct appointments. Those appointments are reviewed every year. It is important to understand that of the 7 years on the average it takes to train a physician, two-thirds of that happens in the affiliated hospitals and clinics, not at the Medical School. The Medical School needs to implement a better system of responsibility and accountability for teaching in all of its partnership sites.

At the other end of the teaching spectrum are the tenured and tenure-track faculty members who fulfill the tripartite mission of the University, who use the 7.12 statements required by the tenure code. That part of the system runs well, Dr. Cerra said. They have recently recruited a number of new tenured faculty members.

In the middle there are two kinds of contract-based faculty who have annually-renewable appointments. One is the clinical scholars; the other is the faculty members on the teaching track. Each of the faculty members on either of these tracks performs two aspects of the tripartite mission. The clinical scholars are members of University of Minnesota Physicians, they teach students, and perform scholarly work on the clinical aspects of their professional life. They have a 7.12-equivalent statement that defines the criteria to get on the track and for promotion. The scholarly work includes clinical trials, examination of databases, and outcomes studies. They do publish reports and peer reviewed papers; some also publish peer reviewed clinical trials or clinical research.

The teaching track was a proposal that he stopped when he first saw it, Dr. Cerra said, because he was not pleased with the quality criteria. The track has now been redone. He pointed out the Teaching Track Statement from the Department of Family Medicine and Community Health as an example of how the teaching track will be implemented. That department is large, very clinically-oriented, and has an appreciation for the scholarship of teaching. The faculty in the department identify new teaching processes and new ways to assess competencies.

Dr. Cerra explained that there are about nine domains of competence in medical education, each of which has between four and eight competencies. Those competencies must be in the curriculum in a way that they can be assessed and mapped back to where the students should learn them. These competencies are already in the four-year medical education, they are being established for residencies, and will eventually be adopted for physicians in practice. The competencies are mandated by the accrediting agencies and the Medical School will need to demonstrate progress on achieving them when it has an accreditation site visit in 2012.

It is the scholarship of teaching, the ability to use new tools to evaluate learning, and the ability to mentor students that drove the development of the teaching track, Dr. Cerra concluded.

Dr. Cerra reviewed the contents of the Teaching Track Statement from Family Medicine and Community Health. The first part consists of a Medical School Preamble (of seven pages) developed by the Faculty Advisory Committee of the Medical School and approved by the Faculty Assembly of the Medical School. This first part is a parallel to the 7.12 statement, one that he held to high standards. The preamble includes appointment as well as annual performance review and promotion criteria and processes. The department addendum, the second part, follows from the first and lays out the specifics for Family Medicine and Community Health.

The preamble identifies four areas of emphasis: scholarly teaching, mentoring/advising, learner assessment, and educational leadership/administration. This is not a track one can simply choose to go onto, Dr. Cerra emphasized; one must meet criteria and achieve certain performance levels. Dr. Cerra noted the evidence of competency required by the preamble for appointment as an assistant professor and the definitions of competency as established by the Medical School. There are definitions, an annual review, and a reporting form that both the department head and dean must sign; they will process tenure-track, clinical, and teaching promotions via the same process.

The philosophy of the teaching track is that it will be held to standards approved by the faculty. Family Medicine and Community Health is the first department to have its statement approved; others are coming.

Dr. Craig asked what background is expected for someone being considered for appointment to the teaching track. Dr. Cerra said that one must be a practicing clinician to get on the track. They have Ph.D.-trained educators in the Medical School, but they tend to be on the support side, because they prefer to use clinicians for training. They would like, in the future, to have clinicians with second degrees in either education science or cognitive neuroscience. They also have some P&A staff who do research and some who deliver education (e.g., genetic counseling) because there are no clinicians in the area. They also have Research Associate P&A staff who can obtain NIH grants and who have a promotion path.

Professor Elliott observed that the basic-science departments are developing teaching tracks, where most have a Ph.D. education rather than a clinical background. Dr. Cerra said he is waiting to see those proposals. The track will evolve, and he is supportive of Ph.D.s working on the scholarship of teaching. The original intent of the track was to deliver clinical education, but if it can be used by individuals with Ph.D. training to develop new teaching methods and e-education, he would favor such a development because it would help move medical education in directions it needs to go. Medical education is a new ballgame, he added, because it requires skills beyond diagnosis, such as in communication, informatics, health-care systems, and so on. The one-health concept brings the health-sciences schools together to shape interprofessional education for the future.

What must be done to keep the Medical School accredited has been a challenge for the faculty, support staff, and administration, Dr. Cerra said. They have been successful, mostly due to faculty work in changing from a physician-centric model to a patient-centric care model. That is a major change, so the teaching track made sense. They have also had several tenure-track faculty members promoted and granted tenure because of their work in education.

They have these categories of faculty, and the question is how to decide who goes where, Dr. Cerra commented. The decision starts in the department, which identifies certain areas where it needs faculty and the track to be used; the dean must sign off on the decision. He and Medical School Executive Vice Dean Mark Paller are insistent on understanding why a faculty member is on the teaching track rather than the tenure track. He has seen clinical faculty dossiers come forward and asked why the individuals are not tenure-track because they are doing the same things as tenure-track faculty. They are being careful about who gets on what track and why. They also look at yearly performance reports and return them to the department if the reports do not tell them what they need to know (that is, they do not match with the 7.12-equivalent statement). They are trying to put in a high bar in terms of quality of performance than has been in place in the past; Dr. Cerra said they believe they are succeeding (there will be data for review next year).

What is difficult about the change from a teaching to a learning model is that it changes the role of faculty and student, and they do not yet have in place all the support systems they need for both. That situation is improving but they are not where they need to be. One example is the use of simulation in surgery: They are using it, which has reduced complication rates and improved outcomes; there are faculty members who are publishing on this topic.

They are trying to deal with the ratio of teaching-track faculty to tenured and tenure-track faculty, as well as the financial challenge of supporting the Medical School. It had a $40-million structural deficit that has been fixed with a lot of faculty and administrative work. Dr. Cerra said he knows that there were two root causes of the deficit, one of which has been fixed and the other one of which will have a plan in place when he leaves office.

Professor Elliott asked about the compensation of those on the teaching track—how will the amount of pay be set? Those individuals do not generate clinical income nor are they on the tenure track. The Department of Family Practice and Community Health follows AAMC standards and relies on a family-practice database, Dr. Cerra said. The goal is to get everyone to the 50th percentile. The teaching-track positions will be subsidized with clinical revenue (as are the clinical scholars and tenured/tenure-track faculty). They have also put in place a new distribution system that pays faculty for education and research work using all tuition and indirect-cost dollars and are working with chairs to implement it. Before distribution was done on an historic model, Dr. Cerra commented, and when they studied it, they found that it did not comport with the work in research and education, so they developed a formula using education and research that will be phased in over three years and will leave a $3-4-million pool for the dean to put where needed.

When they conduct reviews of department heads, he and Dr. Paller expect to find that money goes to the faculty who do the teaching and research—and they can track whether the money shows up in the paychecks. They are trying to be sure that those who are doing the work are the ones who are getting paid. The basic-science departments generate other non-medical student tuition revenue, which they retain; the clinical departments generate clinical income, and about $40 million of clinical income is used to subsidize the Medical School.

When it comes to hiring teaching-track faculty, will they be comparable in salary to tenure-track faculty, Professor Elliott inquired? They will be comparable, Dr. Cerra said. They do not have a defined range; in the clinical departments, salaries are tied to national standards. In the basic sciences the situation is closer to banding—but they must also pay fair market value and negotiate what they must to hire a microbiologist or neuroscientist, etc. Salaries are individualized, and Dr. Cerra said he did not have data on the equivalence of salaries. They have started a compensation analysis across the Medical School and will categorize by rank, gender, race, appointment track, and so on; that will be completed by December or January. He has also asked all of the health-sciences colleges to do the same, and the issue will be one for the Provost to consider in the future.

Professor McLoon said she has a strong bias in favoring the hiring of tenured and tenure-track faculty at the University; she is a better teacher because she does research and she is a better researcher because she teaches. She said she understands the financial constraints that prevent using tenured faculty everywhere but she finds distressing the large number of non-tenure-track faculty across the Medical School and is alarmed at the corresponding drop in scholarly productivity. A decline in the number of tenured faculty means there is not the same kind of teaching and she worries about the lack of accountability. One can use a lot of new tools in education but that does not mean that students are learning more, and the board scores of medical students do not show an increase in learning.

Dr. Cerra said he did not disagree at the philosophical or conceptual level. He said he still has tenure and he appreciates it. If he has his druthers, he would recruit mostly tenured and tenure-track faculty. As a pragmatist, however, he has to acknowledge that the funding is not there to support tenured

lines. The dialogue in the Medical School has been about the equivalence of tracks—but they are not equal and they cannot be because one carries tenure and the other two do not. It is possible to adopt accountability systems for the non-tenured faculty, and that has to happen because not everyone who goes through medical school has the ability to teach the next generation of physicians. They are trying to get the right mix of educators (including those who are Ph.D.-trained) so they have the right balance in instruction. He would include social scientists, behavioral economists, and medical anthropologists, for example. If the idea is to transform care so it is better for consumers, 50% of the improvement has to do with human behavior—which they do not now teach about very much. There is a long way to go and they need to identify a quality-improvement model. The Medical School must show progress, which is not easy; putting in an accountability system for faculty is as difficult as putting in one for administrators.

Professor McLoon commented, apropos of the proliferation of non-tenure-track faculty across the country, that many without tenure do not say what they believe; they must silently toe the line and cannot participate in governance. Dr. Cerra said he sees that as an administrative issue that the administrator needs to be held accountable for: The administrator is not creating an atmosphere where people can speak without fear of retribution. Even if the administrator says people can speak, those without tenure do not feel they can do so, Professor McLoon maintained. Dr. Cerra agreed that they are not where they need to be on this point. That is a cultural issue that this Committee will look at, Professor Elliott said, and she added that the discussion of proportions is also on the Committee's agenda.

Dr. Cerra said he did not know what the right proportions of tenured, teaching-track, and clinical-track faculty are. Their first need is to have the number of faculty required to teach the medical students. His view of tenure is that the tenured faculty are the repository of knowledge in the discipline in perpetuity. With the HMO model, the clinical care model began to separate from what they were teaching as the care delivery model. They are bringing the two models back together.

Professor Abul-Hajj said that many faculty worry about the declining number of tenured and tenure-track faculty because the faculty is not as strong without them. This is the question of dilution, Dr. Cerra agreed. Professor Abul-Hajj said that his college has used teaching faculty but not in so formal a fashion; this proposal provides a structure. His concern with it is that there are multiple layers of teaching, research, and clinical work in the health sciences; what is to preclude Physics from adopting this same model? This leads to a bifurcation in types of faculty, those who teach and those who teach and do research. Dr. Cerra agreed that there is that risk. They are trying to connect what they do with 2500 medical students; if Physics had 2500 graduate students, it would need to do something similar. The point about the abuse of the system is real and it needs to be monitored. With declining funding, there is the opportunity to replace tenured and tenure-track faculty with contact faculty.

Vice Provost Carney pointed out that this Committee reviews college appointment plans and that it has not seen a growth in contract faculty except in some of the health-sciences schools. Even with the budget constraints, there has not been a creep in the increased use of contract faculty. Not at Minnesota, Professor Abul-Hajj agreed, but elsewhere. Mention was made of recent news that the University of Iowa had recently hired a large number of adjunct faculty members. Dr. Carney said that it depends on the use of the term "adjunct." At Minnesota adjunct faculty are used to teach one course; is Iowa may be hiring contract or adjunct faculty to teach six courses or just one? The Committee can monitor what the University is doing in this regard. But there is a national trend, Professor Abul-Hajj repeated. Professor Elliott agreed and noted that recently there have been widely reviewed books published saying that tenure is on the way out. University policy requires that no college has contract or non-tenured faculty numbers

that exceed 25% of the total faculty in that college; does that policy not apply to the Medical School? It applies but they cannot meet it, Dr. Cerra said. Dentistry is the only dental school between Marquette and Seattle and the shortage of dentists is legion. The same is true for Veterinary Medicine. He pointed out that the health sciences are different from the rest of the University in that they have workforce needs to meet that are mandated by the legislature. They cannot avoid that responsibility and the legislature has made it clear that it wants information about training the health-care workforce.

Dr. Craig asked where contract faculty participate in the governance structure, because faculty, P&A staff, civil-service staff, and students participate. Dr. Cerra said that his approach to governance is that when one is dealing with core educational matters, those fall within the purview of the tenured faculty if there is to be a vote on something. But, where appropriate, the expertise of others is also needed. The average time it takes to train a doctor is seven years; of that, two to two-and-one-half years are spent in the Medical School; the remainder is in clinical settings where students are taught mostly by adjunct faculty; to educate doctors requires participation by non-tenured faculty. There has to be a partnership between the Medical School and community organizations in the responsibility for teaching. Dr. Carney clarified that contract faculty are eligible for representation in the University and Faculty Senate. Dr. Cerra noted that they also participate in the Faculty Advisory Committee of the Medical School.

Professor Wells asked Dr. Cerra if he envisioned the same promotion-and-tenure committee in a department reviewing the files of individuals on all three tracks for promotion. Dr. Cerra said he did. In some settings, if there are many clinical scholars and faculty on the teaching track, it might be appropriate to add individuals from those tracks to the committee, but to preserve the quality of the department, the committee should be composed mostly of tenured faculty. And the participation is not reciprocal, Dr. Carney added: Non-tenured faculty do not participate in votes pertaining to tenured and tenure-track faculty. That has led to some confusion among clinical faculty, Professor Wells said, if they are to be held to the same standards as tenured faculty. They are not the same 7:12s or 7:12-equivalents, Dr. Cerra replied. Not all the faculty understand that there are different standards, Professor Wells commented. Then they should look at the standards, Professor Abul-Hajj exclaimed; they are not doing their job as evaluators of their colleagues if they do not.

For some faculty members, the difference in their scope of work means it makes sense for them not to have tenure, Professor Miksch observed. But for some, it is a more gray area and one can ask why they do not have it. They are teaching, doing research, and performing service, and they look like tenured faculty. It is about those individuals that there is a concern that they are not being hired as tenure-track faculty. She recalled that she attended the AHC Forum last year; with her legal background, she is aware of those who serve as clinical faculty in law. The clinical scholars in the Medical School may make more than the tenured faculty; that is not true in law. There are also questions about availability and interest; are there a lot of people who have training in the teaching aspects of medicine? There are not, so there is a gap.

That is a national issue, Dr. Cerra said. The way he thinks about it is that there is a continuum of faculty roles, those who carry out the tripartite role, those who are clinicians, and those who are practitioners. The problem is that they are trying to define the faculty in a discontinuous way. He and Dr. Paller focus on the gray zones and look at evaluations early to determine whether someone should be on the tenure track. Can someone shift tracks, Professor Abul-Hajj inquired? Not to a tenure track, Dr. Cerra said; those are filled through national searches. Dr. Carney concurred that tenure-track positions must be national searches, but it depends on who applies. There may be people on the clinical track who one

believes could be on the tenure track, but often they do not apply for the tenure-track positions. The Medical School does not sort people into different tracks—people apply for different positions.

Do they receive adequate information and explanation of the difference between the types of faculty appointments, Professor McLoon asked? That is a good question, Dr. Cerra said; he said he did not know if applicants know about the various kinds of positions. Professor Elliott said she is hearing that a number of individuals contemplating a postdoc appointment have decided not to pursue a tenure-track position.

Professor Elliott noted that this discussion may be the last time the Committee has the opportunity to hear from Dr. Cerra; she asked if he had any last comments. Dr. Cerra said that in his 15 years in the position he has thoroughly enjoyed his interactions and partnerships with the faculty governance system; there have been ups and downs and disagreements, but it is essential that the conversations be carried on.

Professor Elliott thanked Dr. Cerra for joining the meeting.

2. Continued Discussion, Teaching Track

Following Dr. Cerra's departure, Professor Wells inquired what was expected from the Committee as a result of the discussion. Professor Elliott said they had invited Dr. Cerra to discuss another promotable faculty track that the Committee should know about. It is confined to the Medical School now but other departments and colleges may wish to use it in the future. Dr. Carney reported that there is a task force on all non-tenured appointments in the Academic Health Center that has been meeting since last year. The issues are very complex, and not all units use the same terminology, so they first had to identify terms and make recommendations on uniform tracks. Dr. Cerra appointed the task force, with representatives from across the AHC. The report is not ready yet but it should come to the Committee in the spring.

Dr. Craig inquired if contract faculty are eligible for the Morse-Alumni and Graduate-Professional Teaching Awards. They are not, Dr. Carney reported; the Senate Committee on Educational Policy (SCEP), which sets the eligibility criteria, has been clear that one must be a tenured/tenure-track faculty member. When the question comes up, she brings it to SCEP. SCEP has held firm on the point. So that is another small indication of separate or second-class status, Dr. Craig commented.

Professor McLoon repeated her concern about the non-tenured appointments. If someone is on year-to-year appointments, the students have to love them in order that they get reappointed. But her job, as a professional, is not to be the students' buddy, it is to teach them the material. The non-tenured faculty depend on student reviews to be reappointed. Dr. Carney said that the policy on evaluation of teaching also requires peer review and that appointment does not hinge on student evaluations, especially for clinical scholars. But it might for those on the teaching track, Professor McLoon responded.

Professor Marran inquired about the state interest in workforce training: Are there not more tenured/tenure-track faculty because they could not train the appropriate workforce? The issue is financial, Professor Elliott said; the AHC cannot guarantee the funding required for as many tenured/tenure-track positions as might be required. If financial constraints are the issue, the Committee must speak to the important of a critical mass of tenured faculty, which would require a higher number of them. That is the Committee's role, to speak to the problem and to what works best for education.

Professor Elliott reported that the teaching track will not be used only for clinical instruction. The medical school in Duluth, which is considered a department for P+T purposes, provides basic science medical education; it is developing the 7.12-equivalent for promotable teaching track hires.

Professor Abul-Hajj agreed with Professor Marran and said the University should strive to hire more tenure-track faculty, but there is a problem if the funding is not available. Even the Ivy League schools, when they lost money, added more adjunct faculty. Professor McLoon said the Committee could tell the legislature that it wants to get by on the cheap and that it is not providing adequate support for the Medical School, School of Dentistry, and so on, and that lack of support will harm the state in the long run. Professor Marran said that it is her impression that the legislature sometimes lacks information it needs—but that welcomes it when it receives it. Professor Abul-Hajj said the University tries to educate the legislature; his faculty colleagues have been involved. The mandate says the University will train X number of doctors, pharmacists, and so on, but the University could say that it will cut class sizes because it cannot meet the mandate with the funding provided. (In at least one state, when that happened, a private pharmacy school sprang up; the schools are profitable.)

3. Policy on Academic Appointments with Teaching Function

The Committee agreed that the policy needed to be amended to correct the title of the committee to which the policy refers.

Dr. Craig asked about the role of the Committee in considering the college personnel plans required by the policy. Professor Miksch said they come to the Committee if exceptions to the 25% rule are being requested, but the Committee does not otherwise see the plans. Professor Elliott suggested the Committee has not seen the exceptions that would have been needed for the Medical School, Dentistry, and Veterinary Medicine. Dr. Carney said that the Committee sees the data on faculty appointments for all colleges; Ms. Wilhelmson from Human Resources brings them every year.

Is it part of the Committee's responsibility to discuss the ratios among groups of faculty, Professor McLoon asked? That is not part of the policy, Dr. Carney said.

The Committee voted to recommend changing the policy so that it regularly sees the data on all faculty appointments. Professor Elliott said this item will appear on the Committee's agenda over several meetings and they will look at the array of academic appointments that are used at the University and how they fit together. One question, Professor Miksch said, is about critical mass needed for faculty to feel they can exercise academic freedom and participate in governance.

Professor Elliott adjourned the meeting at 11:35.

-- Gary Engstrand