

Minutes*

**Academic Freedom and Tenure Committee
Friday, February 11, 2011
9:30 – 11:30
300 Morrill Hall**

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

Absent: Barbara Loken, Carol Wells

Guests: Professor Carol Chomsky; Associate Vice President Barbara Brandt, Professor Susan Berry (Academic Health Center)

Other: Dean Patrick Lloyd (School of Dentistry)

[In these minutes: (1) amendments to the tenure policy; (2) tenure policy provisions vis-à-vis potential changes to the Faculty Retirement Plan; (3) report of the Clinical Faculty Task Force]

1. Amendments to the Tenure Policy

Professor Elliott convened the meeting at 9:30 and welcomed Professor Chomsky back for the final discussion of proposed amendments to the tenure policy. Since the last meeting of the Committee, the amendments went to the Faculty Consultative Committee and to the question-and-answer/comment session on February 3. Professor Chomsky has been working with Professors Clayton and Miksch and Vice Provost Carney since then to incorporate changes in response to the various comments.

Professor Chomsky reported that only a couple of questions were raised and that there are very few additional changes being proposed.

One question was about the language concerning a single vote for promotion and tenure for a probationary assistant professor. Professor Chomsky said that sometimes units may take more than one vote; the language as crafted could be suggested as denying the possibility of a re-vote. It has been reworded to avoid that problem. The Procedures will make the process very clear.

There was a question about whether a probationary Associate Professor or Professor could have an appointment of two or four or five years, rather than the three or (normal) six already noted in the policy. They thought about whether the policy needed to change but decided that there are in fact only two options for the kind of minimum-length contracts described in section 6.21: The normal (usually six-year) probationary appointment or a three-year appointment (the latter is a special contract). Anyone can be brought up early for a tenure vote, Professor Chomsky noted. Section 6.21 contemplates both a shorter probationary period and a guarantee of a minimum number of years, and three years is the only term

* 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.

length that has been used. Dr. Carney confirmed that there are few three-year contracts and none other than 3-year or 6-year periods have been used.

In section 5.5, Professor Chomsky said, they have changed the language to make it clear that a child, for the purposes of extending the probationary period, includes the child of a domestic partner. That has always been true and always allowed, and it seemed best simply to incorporate the practice in the policy.

Another question about section 5.5 was about the possibility of an appeal in the event that the Provost denied a request for an extension of the probationary period because of care-giving responsibilities or illness of the faculty member. The current policy says a grievance can be pursued according to University policies. Professor Chomsky said they had originally thought about saying instead that there was a right of review by the Senate Judicial Committee, because issues related to promotion and tenure are not within the jurisdiction of the Office for Conflict Resolution. But Professor O'Loughlin's discussion with Judicial Committee members has led them to reconsider that idea. Professor O'Loughlin said that she had consulted several senior members of the Judicial Committee and with their attorney, and they believed hearing such appeals would take the Judicial Committee where it should not go. Her advice, she said, is to provide no direct appeal mechanism but to incorporate language indicating that the denial of the extension of the probationary period could be considered if the faculty member is subsequently denied tenure and appeals to the Judicial Committee. Vice Provost Carney and other Committee members concurred with that solution.

Vice Provost Carney also suggested that there be language, perhaps in the Procedures, providing for some kind of a process, including a meeting with the faculty member, before the Provost makes a final decision leading to a denial of the request for an extension. This is very rare, she said, but there is need for a process for those few cases.

Professor Chomsky reported that there is a need to consider other changes in the policy to clarify Judicial Committee jurisdiction, but those will not be proposed at this time. Professor O'Loughlin said that the Judicial Committee did not wish to act precipitously on such changes and would perhaps bring them forward later. It may be that the changes can be incorporated in the Procedures document or in the Judicial Committee procedures, rather than in the tenure policy.

The Committee discussed briefly how to arrange the definition of child in section 5.5, and agreed with Vice Provost Carney that the language should be broad enough to allow for extension of the probationary period for a faculty member who adopts, for example, a special-needs 15-year-old.

The Committee voted unanimously to approve the full package of amendments to the tenure policy, with the understanding that it could review the specific wording that came out of the discussion at this meeting.

These amendments will be brought to the Faculty Consultative Committee on February 17, to the Faculty Senate on February 24, and will then go to the Board of Regents for information in March and for action in May.

2. Tenure Policy Provisions vis-à-vis Potential Changes to the Faculty Retirement Plan

Professor Elliott next distributed a draft resolution concerning possible changes in the Faculty Retirement Plan and asked Professor Chomsky for her views. The draft resolution (as finally approved) read as follows:

The Senate Committee on Academic Freedom and Tenure has been made aware that the University may consider changes to the contributions to the Faculty Retirement Plan. One question that has arisen is whether such a change would require a vote of the Faculty Senate under the provisions of sections 4 or 11 of the tenure policy.

We conclude that if any proposed change is prospective only, with no changes to the salary and fringe benefits of currently-employed faculty members, then the tenure policy is not implicated and no vote is required. If, however, changes may be made to the contributions to the Faculty Retirement Plan for currently-employed faculty members, the Committee will revisit the matter.

There has been discussion in several places about what the tenure policy means with respect to possible changes in contributions to the Faculty Retirement Plan, Professor Chomsky reported. One possibility is that the administration will propose only prospective changes, that is, changes in contributions only for new faculty hires. She said she believes that presents no issues with respect to the tenure policy (although she wonders whether there may be tax issues, but she said she could not comment on that question because it is not something she is an expert on).

Professor Chomsky said the more serious question is what would be required if there were a proposal to change the contributions to the Faculty Retirement Plan for currently-employed faculty: Would such a change have to be presented to the Faculty Senate for a vote?

The tenure policy is not clear, Professor Chomsky said. There are references to salary and to compensation in different sections of the policy.

4.3 Changes In Terms Of Appointment Other Than Faculty Compensation.

Except for raises in rank and except for action expressly authorized by these regulations, no changes of (1) through (7) items listed in subsection 4.1 may be made during the term of an appointment except with the agreement of the faculty member and the Board of Regents or its authorized delegate. [Subsection 4.1 includes "the recurring salary."]

4.4 Faculty Salaries. [INTERP 2] Each faculty member shall receive a recurring salary, and may also receive an additional salary which may be for special awards or for activities in addition to regular faculty responsibilities such as clinical practice, administrative service, overload duties, summer school teaching and summer research support and similar activities.

Recurring salary will not be decreased except by action expressly authorized in this section or in Sections 7a, 10, 11, or 14 of these regulations or with the agreement of the faculty member. If a faculty member's recurring salary is decreased, the amount of the decrease and the reason therefor shall be set forth in a written notice and provided to the

faculty member. No decrease in recurring salary shall occur in violation of the academic freedom of the faculty member.

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4.5 Reduction Or Postponement Of Compensation. If the University or a collegiate unit is faced with financial stringency that does not amount to a fiscal emergency, the president may propose a temporary reduction or postponement in compensation to be allocated to faculty in accordance with a mathematical formula or similar device. If approved by the Faculty Senate or the appropriate collegiate assembly, respectively, and the Board of Regents, the recurring salary of all faculty members in the University or in the designated collegiate units shall be reduced temporarily in accordance with the formula or device. The reduction may not continue for longer than two years, unless renewed by the same procedure. [INTERP3]

11.4 Second Stage: Reduction Or Postponement Of Compensation. If the University has implemented all of the measures which are required to be considered in the first stage, which are consistent with its continued operation as an institution of high academic quality, and they are inadequate to meet the shortfall, the president may, after consultation with the Faculty Consultative Committee, propose the temporary reduction or postponement of faculty compensation for a predetermined period not to exceed one year, according to a mathematic formula or similar device. The Faculty Consultative Committee will report on the adequacy of the steps taken in the first stage and make its recommendations on the proposal. If the Faculty Senate approves the proposed action (or any modification of it) by an absolute majority of its membership or by a two-thirds vote of the members present and voting (a quorum being present), the Board of Regents may take that action (or any less stringent action) and, to that extent, modify the terms of the appointments of all faculty members. The Board of Regents may rescind the action at any time thereafter. Such action may be repeated by the same procedures.

The question is, where do retirement benefits fit?

They seem to be included in section 11.4, Professor Chomsky said. Section 4.4 is clearly about salary. If benefits are not included in section 4.4, the section does not preclude the University from reducing retirement benefits. If the changes were proposed under a "fiscal emergency" as provided for in section 11, then there must be a Faculty Senate vote for a temporary reduction. So it is the odd situation that the University can perhaps change the retirement benefits permanently without a Faculty Senate vote under the language of section 4.4 but may not do so temporarily without a Faculty Senate vote under section 11.4. The policy is difficult to understand, Professor Chomsky said, and she has looked at the minutes of several discussions in Senate meetings in the University archives; she concluded that Vice Provost Carney is correct: No one thought about this possibility when the provisions of the tenure policy were being written or revised, at least in the minutes she has reviewed.

There was discussion of the provisions in 1983 but the minutes are not available online. Professor Morrison recalled that the Tenure Committee at the time proposed the word "salary" in section 4 and the Faculty Senate changed it to "compensation." If that happened, the change did not make it into the provisions of the code, Professor Chomsky said.

Professor Chomsky said that the draft resolution was appropriate.

Professor Miksch reported that she had attended the Senate Committee on Faculty Affairs meeting earlier in the week when proposed changes to the Faculty Retirement Plan had been discussed. There were three proposals for changing the Faculty Retirement Plan that were being modeled. One would maintain the current contributions for current employees but change them for new employees. One downside would be that there would be two groups of employees with different retirement contributions, but all new employees could plan accordingly. The other two proposals included changing the contributions for current employees, and that is where the questions were raised. Professor Sheets, the chair of the Committee on Faculty Affairs, also pointed out that such a change could lead to litigation.

Professor Miksch noted that while section 4.4 of the policy speaks to salary, section 4.5 talks about compensation. And section 4.5 only allows temporary reductions during financial stringency, Professor Chomsky added. Because no one thought about permanent reductions in benefits, Professor Miksch said. Vice Provost Carney agreed; when the language was written, the authors probably never considered the possibility that the retirement structure would ever change.

How does health care fit in, Professor McLoon asked? Professor Sheets took the view, at the Committee on Faculty Affairs meeting, that retirement benefits are "cash" subject to taxation that people will receive at a later date, while health benefits are not "cash" in anyone's pocket. Professor Chomsky said the subject is complicated but that the two are seen as quite different.

The Committee voted unanimously in favor of the motion. Professor Elliott thanked Professor Chomsky and Vice Provost Carney for all their work.

3. Report of the Clinical Faculty Task Force

Professor Elliott welcomed Associate Vice President Brandt and Professor Berry to discuss the Report of the Clinical Faculty Task Force from the Academic Health Center (AHC); Drs. Berry and Brandt were the co-chairs of the task force. (The other members were Ole Gram Office of the Vice Provost for Faculty and Academic Affairs; Brian Isetts, Professor, College of Pharmacy; Erin Malone, Assistant Medical Director, Veterinary Medicine; Jeffrey Mandel, Associate Professor, School of Public Health; Eric Mills, Associate Clinical Dental Specialist, School of Dentistry; Frederick Owusu, AHC Director of Human Resources; Mary Rowan, Clinical Professor, School of Nursing; and Sarah Westberg, Assistant Professor, College of Pharmacy).

Professor Berry introduced herself (Professor of Pediatrics in the Medical School) and noted that both she and Associate Vice President Brandt are tenured faculty members. The task force, however, was constituted primarily of non-tenured faculty who fit the definition of clinical faculty. The goal was to provide a voice for the faculty who most affected by clinical-faculty status, with others included as needed. They wanted to be sure they (1) had information from that group of faculty and (1) they identified plans and suggestions that were respectful of the contributions to the mission made by clinical faculty and recognized their work in clinical care and education.

They found that each AHC school had different approaches to clinical faculty, Professor Berry said. Three schools (Veterinary Medicine, Dentistry and Medicine) have or are integrally affiliated with

clinics, and the faculty and administration are involved in clinic management and operations in some form. Pharmacy and Nursing place clinical faculty at practice sites. Each school approaches clinical faculty differently with respect to faculty promotion and advancement and treatment. In some cases, clinical faculty perceive that they are not being treated fairly or on an even playing field. The task force co-chairs encouraged faculty members to speak freely, which helped the task force identify where the problems were, such as opportunities for advancement and creation of an atmosphere where they can do their work. Clinical faculty are important to the schools, and the schools want and need them to be successful, Professor Berry said.

Health care is rapidly changing in the United States to integrated health systems, Dr. Brandt said, and both education and health care are being pushed to think about how health professionals should work together and who should provide care in specific circumstances. The health systems are pushing the AHC to create a different "product," and they are more interested in teamwork than has been true in the past.

The AHC has a large number of clinical faculty, Dr. Brandt said, many of whom are at affiliated hospitals such as Hennepin County Medical Center, Fairview Health System, Regions, the VA, etc. Each of these affiliated systems has accredited medical residency programs that need faculty appointments at the University. These affiliated clinical faculty members are appointed in the Medical School clinical departments. The scope of the enterprise is large. Most of the AHC's 194 accreditations are in the area of Graduate Medical Education and encompass these faculty members. These are amazing people, many of whom attract large NIH grants, and the AHC could not deliver its education without them.

The task force met in closed sessions and encouraged its members to gather stories and data, Dr. Brandt told the Committee. They heard some sad stories about clinical faculty who perceived being treated as second-class citizens—at a time the schools need those faculty more and more to educate students and generate clinical income. Many do not want to be tenured, but because they are in academic medicine, they take scholarship seriously.

Professor Berry clarified that the clinical faculty at the affiliated hospitals would never receive tenure, no matter their accomplishments, because they are not University employees. There is a wide range of clinical faculty—those who spend 90% of their time doing research to those who mostly provide clinical care and provide educational opportunities for students. Even in the latter case, if they wish to be promoted, they must still engage in scholarship.

They wanted to find ways to help the AHC nurture clinical faculty in a more comprehensive way, Professor Berry said, and provide more support and protections to faculty members who have given their careers to the University. One goal is to find ways to include them in governance; in some ways they already are but in some ways they are excluded.

Professor Abul-Hajj said that he liked most of the report and was surprised to learn at some things that have not been done, such as establishing standards for promotion. One issue concerned him, and that is the idea that clinical faculty could vote on promotion and tenure for tenured faculty. The proposal in the report calls for clinical faculty to vote on promotion but not on tenure. The tenure policy, however, requires a single vote on both tenure and promotion for probationary faculty members, so this would establish another layer of complexity. He said he could support the involvement of clinical faculty in the discussions about candidates for promotion and tenure, but not voting on either.

In the Medical School, that is what occurred for 15 years, up until about two years ago, Professor Berry related. The clinical faculty voted on advancement, not on tenure. The rationale was that almost all appointments are hybrid and the most expert clinicians are the clinical faculty, so they felt they should include their expertise in the decisions.

The faculty on the clinical track want equal rights with tenured and tenure-track faculty, Professor Abul-Hajj said, but many of them did not go through a search process (those at affiliated hospitals). If they want to be valued as tenured/tenure-track faculty, they must say they want to be tenured faculty members. That would change what they are asked to do, Professor Berry observed. They cannot have everything, Professor Abul-Hajj said; they have to make a choice. Most were not offered the opportunity for tenure, Professor Berry pointed out.

Professor Gaugler echoed Professor Abul-Hajj in saying that there is much in the report to like. That clinical faculty are not hired as tenure-track faculty and do not have the opportunity to get on the tenure track is the crux of the matter. It is important not to have disenfranchised faculty, but the critical point is that the AHC needs to hire more tenure-track and tenured faculty. It should also create a clear pathway to tenure for clinical faculty. He said he noted the language in the task force report saying that in many cases clinical faculty are indistinguishable from tenured faculty—that leads him to ask what the point of tenure is. That language supports the idea that the AHC should be hiring more clinical faculty.

That may be the crux of the matter but it will not change, Professor Berry said. She said she did not believe the Medical School will hire more tenured and tenure-track faculty. And a good number of them cannot be tenured at the University, Dr. Brandt added. If that is so, Professor Elliott asked, how can their contributions and remarkable work be honored and acknowledged? Tenure is not an option; what awards and governance participation seem to be appropriate? Being able to vote on promotion and tenure is not on the table by the terms of the tenure policy.

Vice Provost Carney said it is important to clarify that clinical scholars have many different Human Resources job codes. Regardless of the job code, there are two sets of clinical faculty, (1) those at affiliated hospitals who cannot be on the tenure path because they do not work at the University, and (2) those who work for the University and whom the AHC needs to carry out its mission. The clinical scholars at the University are paid by the University and have one-year contracts. Professor Berry said that affiliated faculty look a lot like clinical faculty at the University, but tenure is not possible for the former; there are mixed appointments because the Medical School created clinical appointments and gave them to people whether or not they worked at the University. Job codes are also not used consistently, Dr. Brandt added.

Professor Anderson said that she did not have a lot of first-hand experience interacting with clinical faculty, especially with respect to them being like tenured/tenure-track faculty, but wondered if everyone in that latter subset wanted to have voting rights. This question is focusing on only one part of the report, Dr. Brandt said, and it is important for the Medical School, but they are also concerned about involvement in curricular decisions and participation in governance.

Professor Abul-Hajj said that they have P&A staff performing at all levels—teaching, research, and service, obtaining grants, and so on—and one could argue that voting should be opened up to that group as well. This proposal opens a Pandora's Box; how would it be limited?

Professor Miksch recalled that she attended an AHC forum that discussed clinical scholars, and also recalled that the Committee on Faculty Affairs (SCFA) has adopted a resolution concerning recognition for staff for participation in governance. SCFA has heard that there are parts of the University where employees are told they cannot participate in governance, which is a problem. Staff members who are paid 100% on grants can also be a problem, but SCFA is looking into possible ways to address it.

What she also discovered, and it was news to her (from the Law School), was that a number of the clinical scholars did not want a tenured or tenure-track appointment because they would have to take a big pay cut. So this is a complex issue; some may not want tenure, for others the path may not be available, and for yet others may not want tenure because their scholarship or work may not fit with tenure requirements. Some are choosing not to follow the tenure path, but if others are going up for tenured associate professor or professor and their scholarship includes clinical work, that work should be included in the review by clinical scholars—but the reviewer should not get to vote on promotion and tenure.

There is a promotion track for clinical faculty in the Medical School, Professor Elliott observed; do other schools have one as well? They do, Professor Berry said, but some are not as formally developed as the one in the Medical School. The Medical School's track is the oldest, most well-defined, and has statements for promotion. Promotion is an option, Dr. Brandt said, but there can be fuzziness and a lack of information about the process; some people are appointed and never promoted. The task force report is the beginning of an effort to improve the process.

Professor Gaugler said he liked the article that Dr. Brandt had provided to the Committee ("Perspective: Recognizing and Rewarding Clinical Scholarship," *Academic Medicine*, 86(1), January 2011), because there is a need to understand and recognize different kinds of research. He said he hoped that if there are new 7.12-like statements for clinical faculty, the language from the article can be incorporated in some way. Often the statements include language from the tenure code when it should be somewhat different.

One paragraph that jumped out of the article for her, Dr. Brandt said, was about the aging of health science faculty. The pipeline for these faculty may not be robust enough to meet future needs -- in academic medicine or clinical care. There is a significant turnover rate for academic medicine. The 10 year retention rate for academic medical faculty is 60%. In many cases, the younger generation looks at academe and questions it as a career pathway. Health professions education needs clinical faculty, but their average age is 48, and in some of the schools it is 55; at the Medical School in Duluth the average age of the faculty is over 60.

So they may see fewer tenured and tenure-track faculty, Professor Abul-Hajj said. That is already happening, Professor Berry said. As the schools have fewer and fewer tenured faculty, the academic is eroding, Professor Abul-Hajj said. It is not just tenured faculty, Dr. Brandt said; there is a current and future shortage of faculty in the health sciences nationally, particularly in teaching. In greater numbers, health professionals are not choosing academic careers as in the past. Recently, health professions schools and their associations are cultivating interest in academic career development.

Professor McLoon said she was not certain that tenured faculty are particularly valued, and said her concern is the abuse of the system with clinical scholars. Many of them should have been hired on

the tenure track, but the administration wanted more flexibility in the budget so hired them as clinical scholars. This is an abuse of individuals who should have been hired on tenured lines, and a number of them now understand what happened. She said she recognizes that people want different jobs and want to do different things, but there are abuses.

Dr. Brandt said they consulted with a number of groups and heard a lot of stories, and decided they needed to collect more data and more stories. The School of Public Health does a good job in the area of hiring contract faculty and mentoring them into eligibility as tenure-track faculty members. At that point there would be a national search, Dr. Carney said. Dr. Brandt noted, however, the School of Public Health is the least clinically oriented school in the AHC.

Professor McLoon asked if the adjunct faculty at places like HealthPartners want a 7.12-like statement. They do not, Professor Berry said. They take Medical Students and contribute to the teaching mission, but they are not the faculty the task force report is addressing; the people at HealthPartners are adjunct faculty, not affiliated faculty; the latter are employees of hospitals that have affiliation agreements with the University.

Dr. Carney said the dossiers of the clinical faculty are very impressive, but there is also a flip side to the issue. Some clinical faculty started on tenure-track appointments and switched to the clinical appointment because they did not want to be lab-based; they liked teaching and scholarship. That is why they have recommended that a more thorough survey be conducted.

Dr. Craig commented that he, as a P&A staff member, was impressed by the report and said it addresses issues that P&A staff look at. In some cases they are doing the same work as faculty members, but 95% of them have annually-renewable appointments; he, for example, has been at the University since 1960. He said he liked the idea of promotion tracks and multi-year appointments but he would not put a stake in the ground over voting on promotion and tenure for faculty. The P&A staff are watching what happens with this report.

Professor Marran agreed that the clinical faculty should participate in governance and be provided mentoring and avenues for promotion. Are multi-year contracts a compromise that has to be reached in the absence of more tenure-track positions? The Committee has discussed the desirability of creating more tenure-track positions, and this report might be a good place to suggest them, as well as including what is important to the work that clinical faculty do. Dr. Brandt said they worked only with clinical faculty; Professor Marran inquired if the clinical faculty do not want more tenure-track positions. The question never came up as something they wanted, Professor Berry said. When that speculation arises, the usual point made is that there is nowhere near enough money to support the number of tenured lines that one would want to support. Many clinical faculty live in practice and the marketplace, Dr. Brandt added, and clinical revenue is increasingly important—some of which goes to support the education missions in the AHC schools to a varying extent. That is more true in the Medical School and less true in the School of Nursing, Professor Gaugler commented, to which Dr. Brandt replied that that is true now but the world is changing.

Professor Gaugler said he supports empowering clinical faculty in governance and in their work but he thinks about what their appointments mean for tenure. He thinks about the points about the aging of the professoriate and how tenure is awarded and how important tenure is to the academy. That is not

part of the report but it is an important question for this Committee; he agreed with Professor Abul-Hajj that tenure is core to the academy.

Professor Elliott asked where the task force recommendations will go. Professor Berry said the original plan was to deliver them to Senior Vice President Frank Cerra, but the environment has changed. Dr. Brandt said that Vice President Friedman took office on January 3 and that she reports to him; the other five deans report to the Provost but they still have the AHC Deans Council and not a lot has changed in her day-to-day activities. These are important issues for all the AHC schools and bonds them to solve such problems together, and they agree there are other issues that must be discussed as well. Dr. Friedman chaired the major faculty governance committee at Wisconsin, so he knows and respects faculty governance. The role of the clinical faculty and their relationship with other faculty is a high priority. Professor Elliott suggested a copy of the recommendations go to Provost Sullivan now, too, because the reporting lines now include him as well. Dr. Brandt said the report had not yet been forwarded to him.

Professor Marran asked what the CEOs of the health systems are pushing the AHC about. They are going through health-care reform, Dr. Brandt said, and the State of Minnesota has been implementing health-care reform since 2008 with the development of health care homes and accountable care organizations and pay for performance. There have been a lot of conversations about how to pay health-care professionals; it could be that in the future the team will be paid. There is also a focus on patient safety and quality in health systems. Minnesota has been a leader in these conversations, and the CEOs are asking hard questions about whether the University is producing what they want to find in health-care teams. So they are adapting the curriculum, Dr. Brandt said, and a lot of the clinical faculty are working in health-care system transformation. The public would be surprised at the nature of the conversations.

Professor Marran inquired if the faculty feel they are not able to teach, educate, and work in the way they believe that health care should look because of the CEO pressures. The faculty are not restrained, Professor Berry said; they are driving the changes. Many clinical faculty are creating new knowledge, Dr. Brandt said, and they are creating scholarship of application and integration, crossing all professions.

One very important question is whether people who are not on tenured lines have academic freedom, Professor Elliott said. Indeed they do, she said. Do they feel that they do, Professor McLoon asked? Different values are placed on their contributions across schools, Professor Berry said. They feel they have it, Dr. Brandt said; it is a cultural issue. The weakness in this is because they are in non-tenured positions, Professor Abul-Hajj said; they do not have the strength to challenge a college administration like the tenured faculty do. Tenure provides the ability to speak freely; non-tenured faculty cannot do so because they serve at the whim of administrators. So it is unit by unit, Professor Gaugler said.

Dr. Brandt said she and Dr. Berry together have talked to a number of groups about the report and the point does come up. With some, the response is "really?" (to a question about whether they have academic freedom); in other cases, people resonate to the question. That is why they thought all clinical faculty should be brought to the same level of responsibility, Professor Berry said; the Medical School felt most strongly about that aim because its system is the oldest and they understand the contributions of the clinical faculty best.

Professor Elliott thanked Dr. Brandt and Professor Berry for reporting on the work of the task force and its recommendation. She said that if the Committee should be part of the discussion in the future, they should let her know.

Professor Elliott adjourned the meeting at 11:30.

-- Gary Engstrand

University of Minnesota