The policy stated in the Indiana University Academic Handbook regarding clinical ranks is provided as Attachment A (and for future reference should be updated to the current version). In addition to the policy so given, the School establishes these additional policies for academic instructional appointments of full-time clinical rank faculty.

1. **Maximum Number.** The maximum number of full-time salaried clinical rank faculty in the school shall represent no more than 20% of the total of the full-time faculty of the school and not exceed 40% in any given department.

2. **Term of Appointment.** The initial appointment for academic instructional appointments shall be one or two years with subsequent appointments of one to five years.

3. **Termination Notice Due.** The termination notice shall be announced to the appointee at least three months prior to the end of the present appointment.

4. **Annual Review.** The appointee shall be reviewed annually by the chair of the department. The appointee shall supply the faculty annual summary report for this purpose. The appointee shall be reviewed every third year by the department primary committee.

5. **Promotion.** Consistent with Attachment A, III, Appointment and Advancement, the advancement procedure is in accordance with the *IU School of Informatics Promotion and Tenure Guidelines* for tenure-track positions. Also, in accordance with III, “The clinical rank faculty shall not be evaluated in the area of research.”
ATTACHMENT A

I. Use of Clinical Appointments

Clinical appointments are appropriate for those who work primarily in the clinical setting. Clinical faculty may be involved in research that derives from their primary assignment in clinical teaching and professional service; however, continued appointment and advancement in rank must be based on performance in teaching and service.

[EXPLANATION AND COMMENT: Clinical appointees teach and practice full-time in the clinical professional setting. It follows that clinical appointments will be limited to academic units (and departments within academic units) in the professional-client service disciplines. Clinical faculty may contribute to the research efforts of a unit through their clinical work, but they are not expected to do individual research. Faculty who, in addition to teaching and service, have portions of their time allocated to doing research for which they are a principal or co-principal investigator, who have research laboratories, or who are otherwise expected to do individual research should be in tenured/tenure-probationary positions. While individual faculty members hired in tenure-probationary appointments may switch to the clinical appointments during the first five years of their probationary period, such a switch must involve giving up the research component of their faculty work, except for their clinical role in collaborative research trials. Clinical appointments are not intended as a means of retaining tenure-probationary faculty members who will not be able to demonstrate the performance levels in teaching, research, and service required for the granting of tenure.]

II. Rights and Privileges

Clinical faculty are expected to follow and be protected by University policies, including those pertaining to faculty hiring and faculty annual reviews. The faculty salary policies of the University, campus, school, and department shall apply to clinical faculty. Clinical faculty have the right to petition the campus faculty board of review. Clinical faculty are not eligible for University sabbatical leave, but schools may provide sabbatical-like leaves for their clinical faculty to provide opportunities for professional learning and collaboration with colleagues.

Participation in University and campus faculty governance is governed by the Constitution of the Faculty of Indiana University and the faculty constitutions on each campus. The role of clinical faculty in governance within the unit shall be determined by vote of the tenured and tenure-probationary faculty of the unit, provided that where non-tenure track appointees have voting
privileges, their voting participation must be structured in a way that reserves at least 60% of voting weight to tenure track faculty. The academic integrity of the school and its programs ultimately is the responsibility of tenured and tenure-probationary faculty.

The rights of clinical faculty and the regulations concerning their roles within each school shall be written and available to the school faculty. A copy of all rights and regulations shall be filed with the campus academic officer and with the campus faculty governance body.

[EXPLANATION AND COMMENT: The University Faculty Constitution defines the voting faculty as “all faculty members on tenure or accumulating credit toward tenure.” The Constitution further states that “the voting members of individual campuses may extend voting privileges to others on matters of individual campus significance.” The rationale for the distributions of rights and privileges is to leave the responsibility for the preservation of the most basic academic interests of the institution in the hands of those with the greatest protection of their academic freedom for the purposes of teaching, research, and service including the service of faculty governance; i.e. those with tenure. Non-tenure track appointees otherwise should have as many faculty privileges as is consistent with their qualifications and responsibilities.]

Clinical faculty are not eligible for academic administrative appointments at and above the department chair level.

[EXPLANATION AND COMMENT: The integrity of the academic programs will be best served by requiring that those individuals holding administrative appointments with direct authority for academic programs have the full range of academic qualifications associated with the tenure track, as well as the fuller protection of academic freedom that tenure provides.]

III. Appointment and Advancement

The faculty of each unit using clinical appointments shall decide whether those appointments will be with the titles of Clinical Professor, Associate Clinical Professor and Assistant Clinical Professor, or Clinical Senior Lecturer and Clinical Lecturer. Initial clinical appointments should be at the level appropriate to the experience and accomplishments of the individual. The process for appointment with probationary status or appointment with a long-term contract shall go through the ordinary procedures for faculty appointments. Promotion in rank of Assistant and Associate Clinical Professors should go through the normal faculty procedures appropriate to the unit of the university, including peer review by the primary unit, and campus promotion (and tenure) committees. The faculty of each unit using Assistant and Associate Clinical Professor appointments shall adopt criteria for
promotion that are appropriate to the duties that may be assigned to clinical appointees. Those criteria must be written, available to unit faculty, and filed with the campus academic officer. Clinical Lecturers shall be promoted to Clinical Senior Lecturers upon their being appointed to long-term contracts following a probationary period.

IV. Protection of Academic Freedom

Clinical appointees are not eligible for tenure; however, in order to protect their academic freedom, individuals appointed as clinical faculty shall be given long-term contracts after a probationary period of not more than seven years. The exact mechanism for this shall be determined by the dean and the faculty governance body within each school using clinical appointments and be approved by the chancellor, but the mechanism should be a long-term contract for not less than five years or be some equivalent, such as a rolling three year contract. The criteria for granting long-term contracts after a probationary period shall be analogous to the criteria for granting tenure, except that clinical faculty shall earn the right to a long-term contract on the basis of their excellence only in those responsibilities that may be assigned to them. Each school will establish procedures and specific criteria for review of individuals concerning the renewal of long-term contracts or their equivalent.

Clinical faculty appointments during the probationary period shall be subject to the same policies and procedures with respect to appointment, reappointment, non-reappointment, and dismissal as apply to tenure-probationary faculty during the probationary period. After the probationary period, dismissal of a clinical faculty member holding a longer term contract which has not expired may occur because of closure or permanent downsizing of the program in which the faculty member teaches and serves; otherwise, dismissal of such clinical faculty shall occur only for reasons of professional incompetence, serious misconduct, or financial exigency. Non-reappointment of clinical faculty to a new contract term may occur for the foregoing reasons or may occur as well for reason of changing staffing needs of the clinical program. Non-reappointment decisions regarding clinical faculty holding a long-term contract after the probationary period must be made with faculty consultation through processes established by the school’s faculty governance institutions. The jurisdiction of campus faculty grievance institutions includes cases of dismissal and non-reappointment of clinical faculty.

EXPLANATION AND COMMENT: Probationary period for part-time faculty may be longer than seven years, where regulations adopted by the faculty of the academic unit so provide. University practice requires that probationary periods be served on a continuing basis unless a leave of absence has been applied for and been granted. The University is not obliged to relocate within the institution clinical faculty whose positions are eliminated because of closure, permanent downsizing, or changing staffing
needs of their clinical programs. Where an instructional line is converted from non-tenure to tenure track, a clinical faculty member occupying the line may apply for the tenure-track position, but is not guaranteed appointment.]

(University Faculty Council, February 13, 2001; Board of Trustees, May 14, 2001)