

PUBLIC NOTICE AND AGENDA

FACULTY SENATE -FACULTY RIGHTS AND RESPONSIBILITIES COMMITTEE

October 20, 2020, 11 a.m.

Microsoft Teams Meeting

Northern Illinois University

DeKalb, Illinois

All Faculty Senate members will receive an Outlook invitation to this Teams meeting. Others wishing to join the meeting, please send your request to Pat Erickson at pje@niu.edu.

I. CALL TO ORDER

II. VERIFICATION OF QUORUM

III. ADOPTION OF THE AGENDA

IV. PUBLIC COMMENT

V. NEW BUSINESS

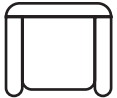
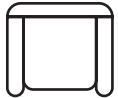
A. Definition of Faculty

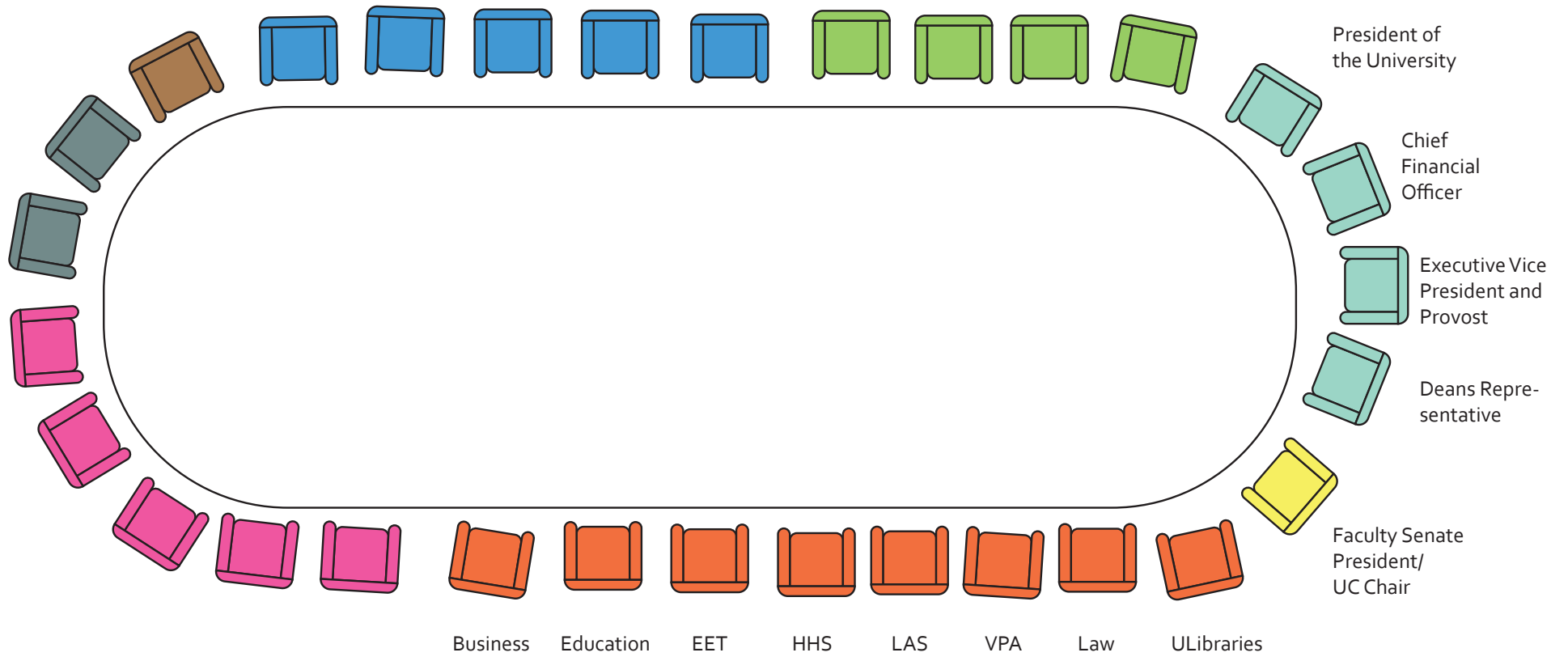
Faculty Senate and University Council membership charts – Pages 3-4

References to “faculty” – BOT Regulations, NIU Constitution, NIU Bylaws, Faculty Senate Bylaws – Pages 4-8









Defining “Faculty” in Academic Medicine: Responding to the Challenges of a Changing Environment – Pages 9-12

VI. ADJOURNMENT

Parliamentarian   Administrative Assistant

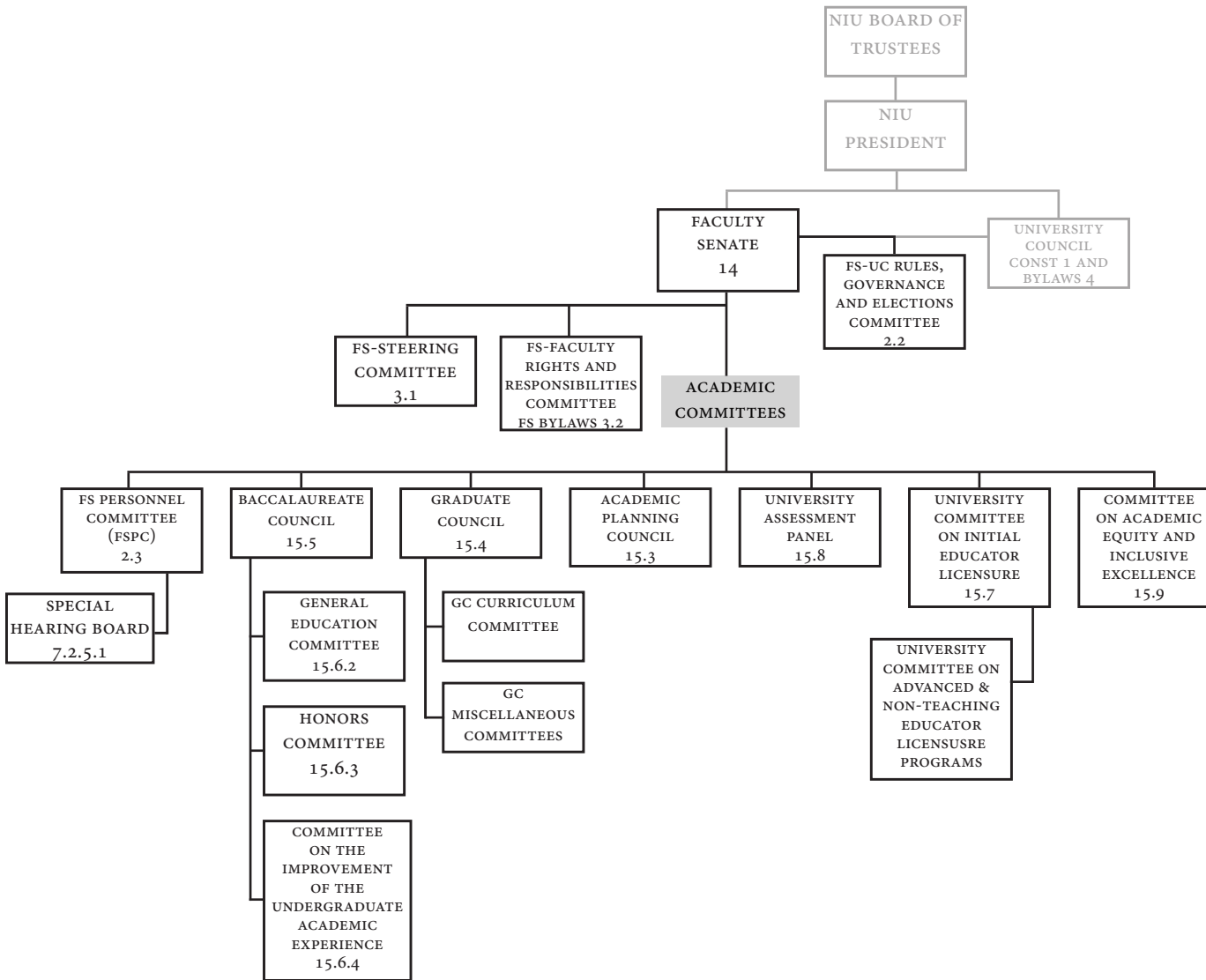


Proposed Revision of University Council 2.1
 MARCH 1, 2020

-  Tenure Track Faculty
-  Operating Staff
-  Students
-  Supportive Professional Staff
-  Instructors
-  Administration
-  Clinical Faculty
-  Non-voting members

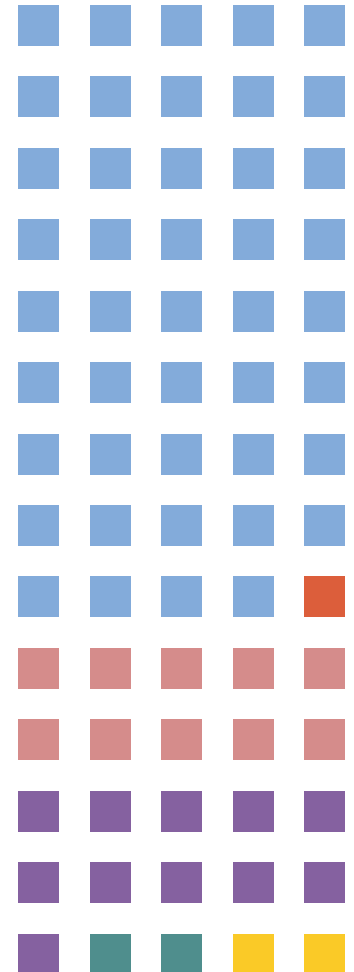
REVISED FACULTY SENATE 1.0

MARCH 2020



70 VOTING MEMBERS

- 44 TENURE-TRACK FACULTY
- 1 CLINICAL FACULTY
- 10 INSTRUCTORS
- 11 STUDENTS
- 2 SPS
- 2 OS



BOT Regulations
Agenda Item 8.b.9. Information
March 5, 2020
CHANGE TO FULL-TIME TENURE REQUIREMENT

Summary: The Board of Trustee regulations require full-time appointments for tenure-track or tenured faculty. The full-time requirement limits the ability of the University to fully benefit from collaborations with other institutions and to recruit and retain faculty Background: The Board of Trustee Regulations Section II: Faculty and Administrative Employees, Subsection A. Appointments, 12. Tenure, a. General Provisions states that “Only faculty that hold full-time regular appointments at the rank of professor, associate professor, or assistant professor shall be eligible for tenure appointments.” The full set of regulations can be found at <https://www.niu.edu/board/regs/index.shtml>. The University research mission and reputation have been greatly strengthened by collaborations with the national laboratories, particularly Fermi National Accelerator Laboratory and Argonne National Laboratory. These collaborations generate outstanding research and educational opportunities for students, highly regarded publications, and significant external funding. Over the past decade, joint appointments with the laboratories have resulted in external funding totaling \$41M. At present, because of the fulltime requirement, the only joint tenured positions allowed require that NIU be the faculty member’s primary employer and that a partner, such as a laboratory, provide funding to NIU to support the faculty member. A similar arrangement, with a laboratory serving as the primary employer and NIU providing funding, does not allow for a tenured appointment at NIU. Incentivizing and maintaining laboratory-based appointments with the highly qualified and renowned staff of the laboratories would be greatly facilitated by the possibility of a tenured appointment at NIU. As worded, the University regulations also do not support extended leave to tenured faculty. Accordingly, faculty are unable to benefit from appointments requiring leave; examples include appointments to other educational institutions, national academies or professional organizations, national laboratories, and state and federal agencies. More generally, the tenured status of faculty requiring extended leave for personal or family reasons can be called into question with the current regulation. Finally, the regulations are inconsistent with the implementation of phased retirement which, if instituted, would provide the university with flexible faculty staffing. Phased retirement would be particularly attractive for faculty with active research grants; the current regulations would require a faculty member to give up tenure to participate in a phased retirement program. Here is the updated language: Section II: Faculty and Administrative Employees Subsection A. Appointments 12. Tenure a. General Provisions Tenure appointments shall be for an indefinite term and may be terminated only by (1) retirement, (2) acceptance of resignation, (3) demonstrable financial exigencies, (4) discharge for cause, or (5) the reduction or elimination of a department or similar academic unit. Only faculty that hold full-time regular appointments at the rank of professor, associate professor, or assistant professor shall be eligible for tenure appointments. Exceptions to the full-time appointment will be granted for phased retirement and for temporary leave and by the Provost NIU Board of Trustees -66- March 5, 2020 for formal joint appointments with external higher education, research, or clinical institutions. While a faculty member holding a contingent appointment with the rank of instructor shall not be eligible for tenure, service under that appointment shall count toward the probationary time period prior to a tenure decision. Employees holding other academic titles shall not be eligible for tenure but, with the concurrence of the university and the Board of Trustees, campus regulations may be adopted to safeguard the academic freedom of and provide reasonable job security for other faculty and teaching personnel.

References to Faculty in the NIU Constitution, NIU Bylaws and FS Bylaws

<https://www.niu.edu/university-council/uc/constitution/page1.shtml#preamble>

NIU Constitution

Preamble, Item 3

The basic purposes of Northern Illinois University are to preserve, augment, criticize, and transmit knowledge and to foster creative capacities. These purposes are achieved by a community of scholars free to exercise independent judgment in the planning and execution of their educational responsibilities in an environment designed to allow maximum effectiveness within a framework of university government. Such a governmental framework should be rooted in the following principles: ...

3. Faculty shall predominate in all policy decisions relating to the faculty personnel system, to the university curriculum, and to policy decisions concerning admissions and academic standards.

<https://www.niu.edu/university-council/uc/constitution/page5.shtml#article6>

NIU Constitution

Article 6: Faculties, Standing Committees, Councils and Boards of the Faculty and Administration

6.1 The University

6.1.1 Definition of University Faculty

The university faculty shall consist of all full-time staff members holding the ranks of professor, associate professor, assistant professor, instructor, or clinical faculty.

6.2 The Colleges

6.2.1 Definition of College Faculty

The college faculty shall consist of those members of the university faculty who hold their appointment within the college.

6.3 The University Libraries

6.3.1 Definition of Library Faculty

The library faculty shall consist of those members of the University Libraries who hold academic appointments within the University Libraries.

6.4 The Graduate School

6.4.1 Definition of Graduate Faculty

The graduate faculty shall consist of those who, on the recommendation of the academic departments and the dean of the appropriate college, have been approved by the Graduate Council and the dean of the Graduate School to be members of the graduate faculty.

<https://www.niu.edu/university-council/uc/constitution/page6.shtml#article7>

NIU Constitution

Article 7: Related Councils

7.3 University Faculty

The right of the faculty of the university, which shall be defined for this purpose as those regular, full-time university faculty in the academic division of the university, excluding the president, the president's staff, the executive vice president and provost, the executive vice president and provost's staff, the deans and the deans' staffs, to organize a Faculty Senate to represent that constituency of the university community is recognized.

It will be accepted by the university community as an integral part of the university's system of governance. The Faculty Senate is the body empowered to act as agent for the university faculty, with delegated power to formulate broad policies with regard to the educational functions of the university. The faculty, through the Faculty Senate, may present educational policies to the University Council, to the executive vice president and provost, and to the president of the university, with the ultimate approval authority residing in the appeal to the Board of Trustees. The Faculty Senate is empowered to act as the authoritative and official voice of the faculty of Northern Illinois University. The Faculty Senate Bylaws shall specify the membership of the Faculty Senate, its method of selection, and its duties and responsibilities.

<https://www.niu.edu/university-council/uc/constitution/bylaws/article01.shtml>

NIU Bylaws

Article 1: Membership of the University Council

1.1 Composition

1.1.1 The University Council shall consist of voting representatives of the university faculty, students, staff, and administration as follows:

Eight tenure-track faculty members, one from each degree-granting college and University Libraries. Such tenure-track faculty from each degree-granting college and University Libraries, eligible to either be elected or to elect, shall include those who hold the rank of professor, associate professor, or assistant professor, and shall exclude the president, the president's staff, the executive vice president and provost, the executive vice president and provost's staff, the deans, and the deans' staffs.

Two instructors as defined in the instructors' collective bargaining agreement.

One clinical faculty member selected by the Council of Deans.

Four student members selected by the Student Government Association and one graduate student member selected by the Graduate Council.

Four supportive professional staff members selected by the Supportive Professional Staff Council.

Five operating staff members selected by the Operating Staff Council.

Four administrators including: the president of the university, the executive vice president and provost, the chief financial officer; and one dean selected by and from the deans.

Faculty Senate Bylaws

Article 1: Membership of the Faculty Senate

1.1 Voting Members

1.1.1 Election of Voting Members

Voting members of the Faculty Senate shall be elected in the following manner:

(A) One member of the Faculty Senate shall be elected from and by the tenure-track faculty of each academic department or school in the degree-granting colleges of the university, with two elected from each department or school of over 50 faculty members, and one faculty member each from the College of Law and the University Libraries. Members of the University Council may not serve as the elected Faculty Senate representative of an academic department. Alternates for elected members of the Faculty Senate shall be selected from the member's department. Alternates may attend and participate as voting members in the event the elected member is unable to attend.

In addition, 10 non-tenured instructors as defined by the Instructors Collective Bargaining Agreement, Article 1, shall be voting members. One instructor will be selected by each of the seven degree-granting colleges. The remaining three instructors will be selected at large.

One clinical faculty member will be selected by the Council of Deans.

Two Supportive Professional Staff members will be selected by the Supportive Professional Staff Council.

Two Operating Staff members will be selected by the Operating Staff Council.

(B) When the Faculty Senate does not contain at least one elected faculty representative who is a member of a minority racial group, the elected faculty members of the Faculty Senate shall meet and elect such a representative. The person thus elected shall be chosen from among the faculty members of the university who are eligible for election as a faculty representative of the Faculty Senate. Prior to conducting such an election, the elected faculty representatives on Faculty Senate shall seek nominations from the college faculties and shall elect one of the persons thus nominated. The position thus filled shall be in addition to the number of seats otherwise apportioned. The faculty representative so elected shall serve a term of three years.

(C) Eleven students will have voting membership on the Faculty Senate. One student will be selected by the Student Advisory Committee from each of the six undergraduate degree-granting colleges. Two undergraduate students will be selected by the Student Government Association. Two graduate students will be selected by the Graduate Council. One College of Law student will be selected by the College of Law. Students will serve one-year terms. Students will not vote on faculty and staff personnel matters.

Faculty Senate Bylaws

Article 4: Academic Councils and Committees of the University

4.1 Principles Governing Curriculum Development

4.1.1 Responsibility for the university's curriculum is vested in its faculty. As the university's body of learned scholars, the faculty shall have primary, determinative influence over matters of curriculum policy.

4.1.2 All councils, boards, or committees dealing principally with curriculum matters shall consist primarily of faculty members. Final decisions regarding curriculum, wherever made in the university, shall be made by a committee on which at least a majority of the voting seats are held by faculty.

4.1.3 Consistent with the maintenance of university and college curriculum standards, policies with respect to particular components of the curriculum shall be made by those faculty associated with the academic units responsible for the delivery of those components.

4.1.4 It is the responsibility of university-level curriculum bodies to define university-wide criteria and guidelines governing degrees offered at each academic level. It is the responsibility of the colleges and their departments to define and develop their individual degree programs within those criteria and guidelines.

4.1.5 Final decisions on matters of curriculum shall be made by the curriculum council or committee in whose jurisdiction the decision appropriately falls. All curriculum decisions involving course content, description, titles, and numbers shall be considered and resolved at the department and college level. Curriculum decisions involving general education, course duplication or overlap between colleges, cross-college concerns, or university standards shall be resolved at the university level. Curriculum decisions requiring notification or action of the Board of Trustees or of the Illinois Board of Higher Education shall be finalized by appropriate action at the university level prior to submission to the board.

4.2 Development of the Instructional Program

4.2.1 Final campus responsibility for the development of the university's instructional program shall reside in the university faculty. To enable the faculty to discharge that responsibility, and to assure appropriate input from students and administrative officers, the following structure is established to make instructional program decisions. It shall be the responsibility of the Faculty Senate to see that this structure operates effectively and to assure coordination among its component parts. Nothing set forth in this bylaw should be interpreted as giving the Faculty Senate final authority to review and revise the decisions appropriately made by the academic councils and committees established by these bylaws.

Defining “Faculty” in Academic Medicine: Responding to the Challenges of a Changing Environment

Steven M. Block, MB BCh, Roberta E. Sonnino, MD, and Lisa Bellini, MD

Abstract

Academic medicine in the United States is at a crossroads. There are many drivers behind this, including health care reform, decreased federal research funding, a refined understanding of adult learning, and the emergence of disruptive innovations in medicine, science, and education. As faculty members are at the core of all academic activities, the definition of “faculty” in academic medicine must align with the expectations of institutions engaged in patient care, research, and education.

Faculty members’ activities have changed and continue to evolve. Academic health centers must therefore define new rules of engagement that reflect the interplay of institutional priorities with the need to attract, retain, and reward faculty members.

In this Commentary, the authors describe and explore the potential effects of the changing landscape for institutions and their clinical faculty members. The authors make a case for institutions to

adapt faculty appointment, evaluation, and promotion processes, and they propose a framework for a standardized definition of “faculty” that allows for individual variability. This framework also provides a means to evaluate and reward faculty members’ contributions in education, research, and clinical care. The authors propose a deliberate national conversation to ensure that careers in academic medicine remain attractive and sustainable and that the future of academic medicine is secure.

Academic medicine is at a crossroads. In adapting to new realities, U.S. medical school leaders must define what it means to be “faculty.” This definition must reflect the interplay of institutional economic priorities with the need to attract, retain, and reward individual faculty members¹ and the need to secure the future of academic medicine.

In this Commentary, we explore the potential effects of changes in the academic medicine environment on roles

and expectations for faculty members, and we make a case for institutions to adapt their faculty appointment, evaluation, and promotion processes in response. We propose a framework for a standardized definition of “faculty” that allows for individual variability and provides a means of evaluating and rewarding faculty members’ diverse accomplishments while ensuring that careers in academic medicine remain attractive.

Academic Medicine in Evolution

The missions of academic medicine are undergoing changes driven by health care reform, decreased federal research funding, shifts in research focus, a refined understanding of adult learning, and the emergence of disruptive innovations in medicine, science, and education. Clinical faculty members are being held accountable for increasing levels of productivity to support their salaries and to maintain institutional margins. This economic focus is changing faculty members’ perceptions of their roles and priorities, and it has the potential to marginalize academic pursuits such as medical education and research.^{2–4}

The evolving clinical landscape is the primary driver of the changes. Medical schools, which have long depended on clinical revenue to subsidize their

research and education missions, are now increasingly reliant on funding from endowments, philanthropy, and student tuition.⁵ The strategies that medical schools and academic medical centers are adopting to meet their academic obligations while ensuring financial success frequently involve creating large, integrated health care delivery systems, with mergers, affiliations, or acquisitions of systems and physician practices.^{6,7} Medical schools must decide whether the physicians in these expanded networks should have faculty appointments. Thus, there is a pressing need for a national conversation on the definition of the modern-day faculty member.

To complicate matters, the aging U.S. population and the projected physician workforce shortage have created the need for more medical graduates,⁸ which has resulted in increased medical school class sizes, new medical schools, and new regional campuses. While the numbers of learners, teachers, and teaching sites are expanding, medical education is undergoing a metamorphosis in its curricula, pedagogic methods, and settings. As part of this transformation, clinical teaching will increasingly occur in the ambulatory setting, where most medicine is practiced. To ensure uniform high quality of educational experiences, the Liaison Committee on Medical Education (LCME)⁹ requires that

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medical students engaged in any aspect of learning, including practical clinical experiences and clerkships, be supervised by the medical school's faculty (standards ED-25 and ER-9 for the current review process, and standards 1.4 and 9.2 for the revised process). The expansion of the educational enterprise and the shift to the ambulatory setting will create challenges and opportunities for medical schools to develop faculty appointment criteria for clinicians recruited to the faculty from the expanded clinical networks, as well as to devise methods for training, developing, and promoting them to ensure that they meet the standards required for excellence in education and are rewarded for their efforts. Currently, many physicians who provide clinical experiences in community practices or on regional campuses are not compensated for their teaching, and yet they must be accountable for providing experiences that are equivalent to those provided across all of the medical school's clinical education sites.⁹ Ensuring a high level of professionalism and eliminating learner mistreatment is more difficult when faculty members are volunteers.

In addition, as health care reform takes hold in the United States, the clinical enterprise will need increasing numbers of skilled physicians to deliver high-value health care. Given that faculty appointments are the purview of the medical school and/or its parent university, it will be important to reconcile the traditional academic role of the faculty with the workforce needs of the health care system. Medical schools must decide under what conditions to confer faculty titles, and they must define expectations for patient care, research, and teaching that provide clear pathways to academic promotions. They must also take into account the variety of compensation plans and recognition systems that exist among faculty members with different titles, ranks, and roles.

Historically, physicians, scientists, and educators have been attracted to working at medical schools because of activities and associations not found in the nonacademic sector. Broadly, opportunities for participation in research and education are attractive, but a medical school's community of scholars, traditions, and atmosphere also play a part. It is incumbent on both faculty members and institutions to deal with the future of the

faculty head on, rather than allowing the priority placed on clinical productivity at the expense of the academic atmosphere to drive away individuals who could contribute to the future success of academic medicine. If, however, faculty status is perceived as sufficiently rewarding in its academic dimensions, then medical schools will continue to attract and retain outstanding people.

A Framework for the Definition and Reward of Clinical Faculty

For medical schools, the answer to the question of whom to call "faculty" has implications in areas ranging from appointment processes to promotion and tenure policies to faculty development programs. Furthermore, any changes made to faculty appointment criteria must be informed by LCME accreditation standards.

In February 2014, the Association of American Medical Colleges (AAMC) Group on Faculty Affairs conducted an informal survey via its listserv to identify approaches to faculty appointments and titles. The responses revealed diverse approaches, with no consensus on whether physicians newly affiliated with academic health centers should receive academic appointments or what titles those who do receive appointments should hold. Most respondents reported alignment of faculty titles with participation in the research and/or education missions of the medical school. Respondents whose institutions have appointed newly affiliated physicians to the faculty described the use of conventional titles, sometimes with the modifier "clinical" or "adjunct" (e.g., clinical assistant professor of pediatrics). Promotion pathways for these faculty varied, with some respondents reporting no opportunity for promotion and others describing promotion on a clinician-educator track or its equivalent. Few respondents indicated that their institutions had processes to help these faculty members with professional development and advancement.

It is interesting to consider the origin of the term "faculty." Faculty belong to universities. The word "university" is derived from the Latin *universitas magistrorum et scholarium*, which roughly means "community of teachers and scholars." Although specific criteria

for scholarship vary across colleges and universities, active scholarship is considered essential to the success of all faculty members. Teaching is the responsibility that demands the most immediate faculty attention and consumes the most faculty time and energy.¹⁰ Thus, the term "faculty" implies a fundamental academic component to one's professional roles and responsibilities.

We propose a framework with *fundamental* and *variable* components that we believe will help medical schools define "faculty" and value the roles and responsibilities of their clinical faculty members, ensuring clarity and transparency for all. The *fundamental* essence of being a faculty member relates to the nature of one's educational and scholarly activities. There are additional, *variable* aspects of being a faculty member that reflect all the other activities in which one might participate, given the local environment. The heterogeneity of medical schools enriches the fabric of academic medicine. Thus, a framework such as ours must respect and value local differences while preserving the essence of the fundamental features of academic medicine.

The *fundamental* features are therefore defined as participation in education and/or scholarly activities. The threshold of participation should be defined locally. Participation in administrative activities, particularly at a senior level, can also be regarded as a fundamental feature—in general, one reaches senior administrative positions based on a career-long track record of scholarly and educational accomplishments.

The *variable* features are the expressions of academic focus that vary by individual, and these should be defined by each institution. Examples include service to the institution or community; mentoring; innovation in, or contribution to, a clinical discipline; participation in quality and safety initiatives; clinical, academic, or administrative leadership; and the development of and participation in unique clinical entities.

Activities comprising the fundamental and variable components that define "faculty" must be evaluated with a higher level of rigor when compared with similar activities that occur in the nonacademic

environment. Such differentiation can be achieved by setting thresholds for the defining attributes of the fundamental and variable components, such as levels of engagement, outcomes, and/or reputation. The defining attributes can then be used to evaluate a candidate for appointment or promotion, as well as to determine the type of modifier (if any) used in a faculty title.

For example, Medical School A believes that both scholarship and education are fundamental to being a faculty member. However, its health system is acquiring many hospitals and physician practices. Therefore, Medical School A creates a new faculty category for volunteer clinical faculty at these newly affiliated sites. In this faculty track, the fundamental emphasis is on teaching without a scholarship requirement. The defining attributes of teaching would then need to be developed: For instance, at this school the minimal level of engagement for a volunteer faculty appointment at any rank is 50 hours of direct teaching time per year. For promotion, a volunteer faculty member would need to show certain outcomes (e.g., teaching evaluations that meet or exceed the school's expectations) and a certain level of reputation (e.g., teaching awards, highly sought-after course). In contrast, Medical School B decides that the fundamental components of a volunteer faculty appointment are participation in teaching and in institutional service. The attributes of the latter could be defined as a function of engagement, outcomes, and reputation, just as in the example provided for teaching.

This fundamental-and-variable approach to defining clinical faculty roles and responsibilities not only preserves the academic nature implied by the term "faculty" but also enables variation that encourages local engagement and innovation. For institutions choosing to value scholarship as a fundamental component of their faculty definition, the seminal work of Boyer¹¹ and Glassick and colleagues^{12,13} provides a framework for enabling many professional activities to be recognized as scholarship.

In *Scholarship Reconsidered: Priorities of the Professoriate*, Boyer¹¹ redefines "scholarship" as spanning four broad categories, expanding the definition of a term that until then had been

synonymous with "research." Boyer's categories are the scholarship of discovery (original research that advances knowledge); of integration (synthesis of information across disciplines, topics within a discipline, or time); of application or engagement (rigorous application of disciplinary expertise with results that can be shared with and evaluated by peers); and of teaching and learning (systematic study of teaching and learning processes).

In *Scholarship Assessed: Evaluation of the Professoriate*, Glassick et al¹² outline standards for evaluating faculty activities for the purpose of academic advancement. These standards, which may be applied to all four forms of scholarship defined by Boyer, include clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique. To make these standards practical, Gusic et al¹⁴ propose the application of a "toolbox" for evaluating educators, expanding on the recommendations of the AAMC-sponsored 2006 Consensus Conference on Educational Scholarship that were based on Glassick's work.¹⁵ The toolbox may also be applied to other fundamental features of the faculty role, thus bringing clarity to faculty career planning and a level of rigor to the evaluation of faculty for appointment and promotion.

Boyer's definitions of scholarship may be applied to both the fundamental and variable features of faculty roles, and faculty members can use the Gusic toolbox to effectively describe their scholarship to promotion and tenure committees. Thus, many activities can be expressed as scholarship in addition to those that can be evaluated via the defining attributes we described above (levels of engagement, outcomes, and reputation). For example, the application of these principles and practices to quality and safety work or to institutional service could identify a faculty member's work as scholarship.

As academic health centers define new rules of engagement with their faculty, it will become increasingly important for medical schools and their parent universities to recognize all intellectual, scientific, clinical, and educational work of their faculty members for

the purposes of the promotion and retention of those whose contributions differentiate them from physicians employed by nonacademic institutions. Without a means of recognizing the contributions of clinical faculty members with few teaching or research activities, institutions will risk losing some of their most productive workers. Medical schools should define the variable component of the faculty role for themselves, using the elements they deem important and aligning them with Boyer's definitions of scholarship.

We propose a national dialogue, perhaps in the form of a consensus conference, to identify the characteristics that define "faculty" and to develop a taxonomy for faculty roles and titles that is descriptive of these attributes and easily understood across academic medicine. Only then will we be able to answer the increasingly common question of what it truly means to be a faculty member.

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Other disclosures: None reported.

Ethical approval: Reported as not applicable.

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