The College of Veterinary Medicine (CVM) recognizes that proposals regarding titles potentially impact other Colleges and Schools. However, every College has unique needs reflecting our different missions and activities.

1. What are the unique needs of the CVM?

We have multiple units that require large numbers of world-leading experts in roles best aligned with clinical, practice track, and other RTE titles. As examples, we run and administer:

- veterinary hospitals in Ithaca and Elmont, New York;
- one of the largest and most comprehensive veterinary diagnostic labs in the world;
- services providing practice support for various New York State governmental constituents;
- Cornell’s professional public health training program, accredited by the Council on Education for Public Health. This body mandates that our faculty have practice experience. Current RTE cap constraints impede our ability to fill critical faculty positions necessary to advance our public health program.

2. What RTE titles will be covered in this percentage, and why?

Throughout the proposal “RTE Faculty” refers to individuals who hold these titles:

- Lecturer, Senior Lecturer,
- Senior Extension Associate,
- Senior Research Associate,
- Assistant/Associate/Full Research Professor,
- Assistant/Associate/Full Clinical Professor, and
- Assistant/Associate/Full Professor of Practice.

This is the complete group of RTE faculty who have voting rights within the College. Currently, there are 92 RTE faculty holding one of these titles, which represents 44% of the total faculty in the CVM. There are currently 115 TT faculty in the CVM, representing 56% of total faculty. There are 20 faculty holding one of the Clinical Professor titles and 0 holding Professor of Practice titles; if the current restriction of 25% on these two titles were maintained, the combined total would be capped at 29 individuals. There are 49 faculty holding Lecturer, Senior Lecturer, and Senior Extension Associate titles.

3. Won’t this modification erode tenure?

In our view the proposed legislation actually protects tenure. Over a period of decades, the CVM has found that the best mix of tenure track and RTE track faculty to meet our diverse missions and activities successfully, is approximately 55% TT and 45% RTE.

- To be compliant with the current 25% cap on clinical track professors and to meet program needs, the CVM has hired faculty in other RTE titles, which are currently not subject to any cap. This:
  - Created inequity among faculty, adversely affecting morale;
  - Interfered with and disadvantaged the scholarship of those RTE faculty; and
  - Made recruitment and retention of world-leading faculty difficult.
- This proposal protects tenure at the CVM by providing a minimum percentage of TT positions
  - Right now, there is no floor for the percentage of TT faculty; the percentage could conceivably be reduced by continued hiring of faculty into RTE titles that are not capped.
  - The current motion reinforces the CVM’s strong commitment to TT positions and the mission of research and discovery by maintaining the ratio of TT to all RTE faculty, with RTE faculty taken as an aggregate.
• This proposal promotes equity because titles can match people’s actual qualifications and responsibilities, by not having some titles constrained by artificial caps whereas others are not.

4. Do the faculty of the CVM support this modification?

This proposal arose from the recommendations of a committee charged with investigating the Colleges use of titles, comprised of both TT and RTE faculty. This committee was itself a result of a College-wide strategic planning process. The recommendations were then discussed at College faculty meetings for 5 months, and in that time, were discussed at least 3 times in each Department and unit faculty meeting. Based on these substantive discussions, both the CVM’s TT and RTE faculty voted strongly in support of adoption of Professor of Practice titles, and to modify the cap on specific RTE titles in the current proposal:

• Current legislation to modify the cap:
  o 76% of TT faculty voted electronically; 84% of those who voted, voted positively versus negatively or to abstain (64% of total TT faculty voted positively)
  o 80% of RTE faculty voted electronically; 100% of those who voted, voted positively (80% of total RTE faculty voted positively)

• Note that adoption of Professor of Practice occurred with
  o 83% of TT faculty voting electronically; 87% of those who voted, voted positively versus negatively or to abstain (72% of total TT faculty voted positively)
  o 84% RTE faculty voting; 95% of those who voted, voted positively versus negatively or to abstain (80% of total RTE faculty voted positively)

5. How does this legislation relate to the new, campus-wide Master of Public Health Program?

Although the Master of Public Health Program involves faculty, courses and centers from across Cornell’s Ithaca campus and Weill, the CVM has hired all the faculty dedicated to creating this Program, and they therefore count against the College’s total numbers and percentages. Development of this Program is a strategic priority for the CVM and University.

Note also that the self-study required for accreditation by the Council on Education for Public Health, mandates inclusion of faculty with extensive practical experience. In response to this mandate, the CVM has hired multiple faculty with extensive practice experience. In our written review, the practice experiences and activities of our faculty were favorably commented upon at length, both in terms of what was documented in CVs and what the external examiners identified during their site visit.