Analysis IN BRIEF

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Trends in Tenure for Clinical M.D. Faculty in U.S. Medical Schools: A 25-Year Review

The number of faculty in academic medical centers, and clinical enterprises in particular, has expanded profoundly over the past several decades. During this expansion, the prevalence of tenure systems and the actual numbers and proportions of tenured positions in U.S. medical schools have garnered much attention. Some commentators have remarked that tenure, as a system, is vanishing from schools and that the opportunity for tenure-track appointments is declining, especially for clinical faculty.[1] This *Analysis in Brief* presents data on the current status of tenure systems, the changing distribution of clinical M.D. faculty on tenure-eligible tracks, and trends in numbers of these positions over the past quarter century.

Methodology

The data for this analysis are derived from multiple sources. First, data come from the Faculty Personnel Policies Survey, a survey fielded by the AAMC on the personnel policies of all U.S. medical schools accredited by the LCME (Liaison Committee on Medical Education). This triennial survey includes items on the prevalence of tenure systems and types of faculty eligible for tenure. The data presented herein come from various administrations of the survey, including the most recent 2008 fielding. Second, data come from the AAMC Faculty Roster—a national database tracking the characteristics of more than 95 percent of full-time faculty at U.S. medical schools. Third, data for newer schools come from policy documents and personal correspondence with institutional faculty affairs staff.

Results

Survey results indicate that tenure systems as a whole remain well-established in U.S. medical schools. Since 1994, the percentage of schools with tenure systems has remained steady.[2] In 2008, only seven of the 126 LCME-accredited schools (all of the schools fully accredited at that time) did not offer tenure: Boston University School of Medicine, Mayo Medical School, Morehouse School of Medicine, Ponce School of Medicine, Universidad Central del Caribe School of Medicine, Wright State University School of Medicine,[3] and San Juan Bautista School of Medicine. Eight additional schools limit tenure eligibility generally to basic science faculty only: Drexel University College of Medicine, Loma Linda University School of Medicine, Northeastern Ohio Universities College of Medicine, Sanford School of Medicine of the University of South Dakota, Tufts University School of Medicine, University of Missouri-Kansas City School of Medicine,[4] University of South Alabama College of Medicine, and the Warren Alpert Medical School of Brown University. All 111 other medical schools offered tenure to at least some of their clinical faculty members. Further, new medical schools appear to be following the same structural pattern with regard to tenure (i.e., of the six schools in 2010 with preliminary LCME accreditation, five will offer tenure to both their clinical and basic science faculty and one will offer it to just their basic science faculty).[5]

Figure 1a: Percentage distributions of full-time clinical M.D. faculty by tenure status, 1984-2009

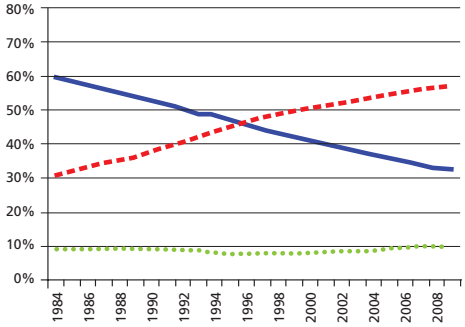
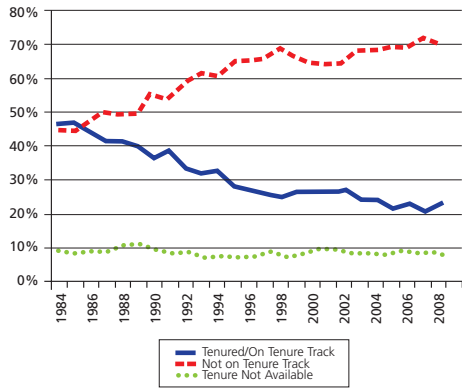


Figure 1b: Percentage distributions of newly hired, full-time clinical M.D. faculty by tenure status, 1984-2009



While tenure systems remain intact, the proportion of clinical faculty on tenure-eligible tracks has changed substantially over time. Since 1984, the overall percentage of tenured or tenure-eligible clinical M.D. faculty has dropped from 59.6 percent to 32.9 percent—a decrease of 26.7 percent (see Figure 1a).[6] As medical

[1] For example, see: Wald C. Redefining tenure at medical schools. *Science Careers*. March 6, 2009.
[2] For comparison, see: Jones RF, Sanderson SC. Tenure policies in U.S. and Canadian medical schools. *Acad Med*. 1994;69:772-778.
[3] The school reports that it does not offer tenure because the awarding of tenure is an exception, but a limited number of basic science faculty are tenure-eligible through another college in the university.
[4] Tenure for basic science faculty is awarded through the university rather than the medical school.
[5] Those offering tenure to both their clinical and basic science faculty: University of Central Florida College of Medicine, Florida International University College of Medicine, The Commonwealth Medical College, Texas Tech University Health Sciences Center Paul L. Foster School of Medicine, and Virginia Tech Carilion School of Medicine; those limiting tenure to their basic science faculty: Oakland University William Beaumont School of Medicine.
[6] For comparative purposes, the overall percentage has dropped from 81.8 to 74.3 percent for basic science Ph.D. faculty during the same time period—a decrease of 7.5 percent.

schools and clinical enterprises have expanded over the past decades, they have increasingly incorporated appointments to non-tenure-eligible positions, resulting in a substantial redistribution of tenured and non-tenured faculty over time. Interestingly, while men are more likely to hold tenure positions than are women, that difference has been consistent over time; in 1984, 60.7 percent of men and 52.2 percent of women were on tenure tracks—a difference of 8.5 percent—and in 2009, 35.6 percent of men and 27.3 percent of women were on tenure tracks—a difference of 8.3 percent.

As Figure 1b reflects, much of the overall change in proportion of tenure tracks over time is driven by the hiring practices for newly hired faculty. In 1984, 46.2 percent of newly hired faculty were in tenure-eligible positions, but by 2009, that percentage decreased to 25.0 percent. A simple projection shows that if we assume the average percent change in the proportion of faculty in tenure tracks continues to decrease 0.8 percent each year (the average percent change from 1984 to 2009), we would see tenure positions disappear for newly hired clinical M.D. faculty by about the year 2040.

For quite some time, while the proportion of faculty on tenure tracks decreased, the actual number of tenure-eligible clinical M.D. faculty increased.[7] As Figure 2 reflects, however, that trend of actual numbers increasing appears to have reached a plateau since 2003, and since then the growth in these positions has flattened.

Discussion

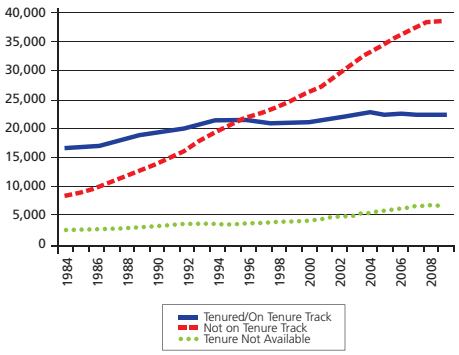
Our analyses show that, first, tenure systems as a whole remain embedded in the structure of U.S. medical schools, and it appears new medical schools are following the same pattern.

Second, despite the prevalence of tenure systems, the proportion of clinical M.D. faculty in tenure tracks has dropped significantly over the past 25 years and will likely continue, as this trend is especially marked in newly hired clinical M.D. faculty appointments. For new faculty currently seeking clinical M.D. appointments, less than a quarter will likely be appointed to tenure-eligible positions based on past trends, which may have implications for activities and expectations of these faculty. For example, this shift raises questions about how best to value and reward revenue-generating activity in the traditional promotion processes and policies (i.e., aligning expectations and traditional advancement guidelines)—an important challenge as schools strive to recruit and retain high-quality faculty working in all mission areas.

Third, further examination and monitoring of the stability of the discrepancy between men and women faculty with regard to their appointments in tenure-eligible positions should be addressed. Future research could assess the personal significance of tenure to women, as tenured positions may become more scarce for this subgroup of faculty.

Finally, our results suggest an interesting change in the pattern of growth of actual numbers of tenure-track clinical M.D. faculty. Over the past seven years, the numbers of these positions seem to have reached a plateau and average growth has flattened, suggesting a possible turning point in growth. Specifically, we may find that the number of tenure-track faculty remains flat in the future—suggesting that with increased faculty recruitment, there will be a continual decrease in the overall percentage of faculty in tenured or tenure-eligible positions.

Figure 2: Absolute numbers of full-time clinical M.D. faculty by tenure status, 1984-2009



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[7] Bunton SA, Mallon WT. The continued evolution of faculty appointment and tenure policies at U.S. medical schools. *Acad Med.* 2007;82(3):281-289.