Post-tenure Review at U.S. Medical Schools
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Abstract

Purpose
To assess post-tenure review policies at U.S. medical schools by examining how prevalent post-tenure review is, what models of post-tenure review are employed, and what outcomes result from post-tenure review processes.

Method
In late 2014, a Web-based survey was sent to the associate dean for faculty affairs (or equivalent) at each U.S. medical school accredited by the Liaison Committee on Medical Education (N = 141). The survey addressed elements of post-tenure review policies, including whether a policy was in place, the frequency of the review, and the review outcomes. Descriptive statistics were calculated.

Results
Of the 94 responding schools with a tenure system, 39 (41%) had an established post-tenure review policy. Although these policies showed great variability across schools in duration, having been in place from 1 to 50 years, 12 (31%) were established within the last 5 years. The outcomes of post-tenure review also varied. Superior performance ratings generally resulted in notations in the faculty member's personnel file and notifications to school leadership. Conversely, when a faculty member received an unsatisfactory rating, a remediation or development plan was sometimes required.

Conclusions
At least 40% of medical schools with a tenure system have post-tenure review, and it is becoming more common. These findings about the prevalence and use of post-tenure review across institutions can assist medical school leaders as they strive to shape policies to facilitate faculty engagement and productivity. They also can provide the foundation for future evaluative studies on the effectiveness, outcomes, and impact of post-tenure review.

Post-tenure review is commonly defined as “the variety of practices that superimpose a more comprehensive and systematic structure on existing processes of evaluation of tenured faculty.” At some institutions, this process may be referred to as “extended review” or “periodic evaluation,” but the core concept is a periodic in-depth review of a tenured faculty member's performance over a prolonged period of service that occurs in addition to any regular faculty reviews, such as annual evaluations. By 2000, about half of U.S. higher education institutions and 37 states had established post-tenure review.

Over the last two decades, discussions around post-tenure review have become increasingly common in U.S. higher education, often driven by public and legislative concerns about the performance and accountability of tenured faculty members. Despite often-cited anecdotes, little evidence supports concerns that faculty members’ productivity decreases significantly after tenure. As a result of these concerns and others, however, post-tenure review has generated significant controversy. Some view it as an attack on academic freedom and economic security—the central tenets of the tenure system, as it was initially conceived. These critics suggest that post-tenure review is an unnecessary, inefficient, and potentially dangerous attempt to influence faculty work and possibly dismiss tenured faculty members. Others view post-tenure review as a prospective planning process that provides an opportunity for the recognition of faculty achievements and improved management of institutional resources.

Advocates of this approach have claimed that post-tenure review is an essential element of ongoing professional development that enables individuals and institutions to thrive and adapt to new challenges. Despite this controversy, post-tenure review is well established and likely to grow in U.S. higher education institutions, which brings into focus the importance of evaluating the effectiveness of the process and its outcomes for individuals, institutions, and professional organizations.

Post-tenure review is an especially complex issue for medical schools. Despite many recent changes, tenure is available for at least some faculty at 94% of medical schools accredited by the Liaison Committee on Medical Education (LCME) (132/141 as of March 2015), but the proportion of faculty on tenure-eligible tracks has declined dramatically over recent decades, especially for clinicians. The proportion of MD faculty in clinical departments on tenure-eligible tracks dropped from 59% to 26% from 1984 to 2014. Research shows that U.S. medical schools continue to revise their tenure policies and related practices, most notably the decline of financial guarantees associated with tenure. These studies, however, provided almost no information about post-tenure review.

Given the paucity of information in the literature related to post-tenure review in academic medicine, this study was developed to provide an assessment.
of the current policies and practices related to post-tenure review at U.S. medical schools accredited by the LCME. Specifically, the study aimed to answer the following questions: How prevalent is post-tenure review among U.S. medical schools? What models of post-tenure review are employed? What outcomes are seen as a result of post-tenure review processes? As institutional leaders strive to shape policies that support the academic vitality and continued productivity of tenured faculty members, these data can provide information on current practices across institutions. The data also will provide the foundation for future evaluative studies on the effectiveness and outcomes of post-tenure review for individuals and institutions.

Method

In November 2014, a Web-based survey was sent to the associate dean for faculty affairs (or their equivalent) at each LCME-accredited U.S. medical school (N = 141). E-mail reminders were sent to nonrespondents one week and three weeks after the initial survey invitations were sent. The 11 survey items (which were often multipart) addressed elements of post-tenure review policies, including whether a policy was in place or being planned, the frequency of post-tenure reviews, the locus of responsibility for carrying out the reviews, specific materials considered in the process, the actual process for review, and post-tenure review outcomes. The survey also included three open-ended questions to elicit more detailed and clarifying information about specific policies and processes, their intended purposes, and any planned changes to post-tenure review. Finally, we requested links to post-tenure review policy documents. We reviewed the documents provided and used them as resources for additional details regarding policy and implementation practices. The platform Verint was used to host the Web-based survey, which was voluntary with no incentive to participate other than contributing to a greater understanding of post-tenure review policies and processes across medical schools.

Experts in survey design and faculty affairs—including researchers, medical school faculty affairs personnel, and members of medical school leadership and administration—contributed to the development, refinement, and review of the survey instrument. Literature reviews and expert feedback also informed the development of the survey items. The instrument was tested through cognitive interviews. The study was determined by the Association of American Medical Colleges Human Subjects Administrator to be exempt from human subjects review because the data are institutional level only. We present descriptive (summary) statistics of the survey results to describe the reported status of post-tenure review policies at the time of the survey. One researcher (S.A.B.) analyzed the responses to the open-ended questions for themes and explanations. For the item “What are the main objectives of the post-tenure review policy and process at your institution?” responses were coded and grouped into categories. For the item “Does your institution have any planned changes to the post-tenure review policy and process?” responses were tallied and analyzed for themes.

Results

Of the 141 schools surveyed, the associate dean for faculty affairs (or equivalent) from 104 responded to the survey for a 74% response rate. Tenure was available at 94 of the responding medical schools (94/104; 90%). Of those 94 schools, 85 allowed both basic science and clinical faculty to be appointed to a tenure-eligible track (85/94; 90%). The remaining 9 schools allowed only basic science faculty to be appointed to a tenure-eligible track (9/94; 10%).

Prevalence and objectives of post-tenure review

Of the 94 responding schools with a tenure system in place, 39 had an established post-tenure review policy (39/94; 41%). Eighty-seven percent of those schools were public (34/39), and 13% were private (5/39). The post-tenure review policies at these schools showed great variability in duration, having been in place from 1 to 50 years, with an average of 15 years (see Table 1). Although 44% of responding schools with post-tenure review policies reported that their policies had been in place for more than 10 years (17/39), 31% (12/39) reported initiating post-tenure review within the last 5 years. An additional 5 respondents indicated that their medical schools were in the process of developing a post-tenure review policy.

Table 1

<table>
<thead>
<tr>
<th>No. of years</th>
<th>No. (%) of institutions</th>
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<tr>
<td>1–5</td>
<td>12 (31)</td>
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<tr>
<td>6–10</td>
<td>8 (21)</td>
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<tr>
<td>11–15</td>
<td>7 (18)</td>
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<tr>
<td>16–20</td>
<td>4 (10)</td>
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<tr>
<td>21–39</td>
<td>9 (23)</td>
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<tr>
<td>40+</td>
<td>6 (15)</td>
</tr>
<tr>
<td>Unknown</td>
<td>2 (5)</td>
</tr>
<tr>
<td>Total</td>
<td>39 (100)</td>
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Respondents reported that post-tenure review policies had varied purposes that clustered into three broad areas. First, in response to the open-ended survey prompt to identify the main objectives of post-tenure review policies, some respondents reported that the primary purpose of their school’s policy was to ensure continued productivity and to assess the performance of tenured faculty members. Specifically, these respondents identified post-tenure review as a mechanism to identify and address areas of concern about faculty performance and to assist faculty members who were experiencing difficulties in achieving professional goals. This purpose sometimes overlapped with the second distinct area of purpose that emerged in respondents’ comments, which was as a prospective planning process to help faculty members improve their performance in teaching, research, and institutional service throughout their careers (i.e., an opportunity for faculty development and growth, in addition to meeting a standard of performance). Third, some respondents noted a primary intent to “celebrate success” and “reward faculty members for achievements.” Specifically, these respondents noted that the objective of post-tenure review was to ensure the success of tenured faculty members, to recognize faculty members for outstanding accomplishments and

(3 public and 2 private medical schools). Other respondents noted that although a post-tenure review policy was not in place or under development, all tenured faculty members at their institutions were assessed through an annual review process.
bring valued faculty members, and to maintain faculty vitality. 

For schools in the process of developing a post-tenure review process, objectives for the new policies included to “ensure that faculty maintain the level of excellence and productivity in … the school’s mission areas in a manner consistent with the expectations for the award of tenure” and to “maintain an environment of robust academic inquiry and achievement across all ranks.”

In response to a “check all that apply” survey item, a majority of respondents reported that post-tenure review was established by a mandate from the university (22/39; 56%), with smaller numbers reporting that the mandate was from the medical school (9/39; 23%), the state legislature (6/39; 15%), or another source (e.g., board of regents, board of governors, or union; 5/39; 13%). Five (5/39; 13%) respondents noted that the policy was not mandated.

Models and changes to post-tenure review policies

The most common model of post-tenure review was a comprehensive periodic review, for which all tenured faculty members were reviewed on a fixed and regular cycle (see Table 2). For the institutions with a specific cycle length for this model, a periodic cycle of between 5 and 7 years was typically employed (6/17 [35%] reported a 5-year cycle; 5/17 [29%] reported a 6-year cycle; 4/17 [24%] reported a 7-year cycle; and 2/17 [12%] noted that the cycle length depended on faculty rank). Another common model was a “triggered” review in response to performance concerns on an as-needed basis. Finally, a third common model was a combination of periodic and triggered reviews. In triggered review cases, the reasons for the review included a specified minimum number of unsatisfactory annual performance reviews within a designated period (e.g., two unsatisfactory reviews within a five-year period) or a concern expressed by a department chair.

Most often, the unit responsible for undertaking and facilitating the post-tenure review process was the medical school (17/39; 44%), followed by the academic department (13/39; 33%). Less common administrative arrangements had the university (3/39; 8%), specific campus (2/39; 5%), or some combination of university and campus units (3/39; 8%) managing the review process.

Of the 39 schools with post-tenure review policies in place, an average of 3.5 organizational units were involved at any point in the review of a faculty member (with a range of 1–7). The most frequently involved units were faculty affairs offices (32/39; 82%), department administration (29/39; 74%), appointed post-tenure review committees (26/39; 67%), and university administration (18/39; 46%).

Ten of the 39 institutions (26%) with post-tenure review policies in place noted that they planned to make changes to their policy and explained that that meant examining the need for stricter criteria, discussions around increasing or adjusting the frequency of post-tenure reviews, and ongoing policy refinements and integration with other review processes. Several of these respondents noted that changes were planned because the “process is so ineffective.”

Materials considered in the post-tenure review process

Institutions required faculty members to submit a variety of materials for the post-tenure review process. The most commonly required materials were a curriculum vitae, evidence of peer-reviewed scholarly activity, peer and student teaching evaluations, annual performance evaluations, and a personal statement (see Table 3).

Post-tenure review outcomes

The outcomes of post-tenure review varied across institutions. Many respondents reported that a superior performance rating was noted in the faculty member’s personnel file and sent to the department chair and dean of the medical school. At 11 medical schools, these outcomes could be cited in discussions about merit increases in base salary (11/39; 28%). Conversely, when a faculty member received an unsatisfactory or low performance rating, a remediation or development plan was required (33/39; 85%). In addition, the review was forwarded to the dean (24/39; 62%) and the department chair (23/39; 59%) and was placed in the faculty member’s personnel file (24/39; 62%). At 10 schools (10/39; 26%), a development committee was also established in response to an unsatisfactory or low performance rating on a review.

Discussion

Results from this descriptive study shed light on current post-tenure review practices at U.S. medical schools. First, 41% of the responding medical schools that have tenure systems also have post-tenure review policies. These results suggest that medical schools are similar to other institutions of higher education in terms of the prevalence of post-tenure review.2,3 Interestingly, more than half of the responding medical schools with post-tenure review policies have had the policies in place for at least a decade, suggesting that although post-tenure review has been a controversial topic, the development of such policies is not

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Table 2

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<tr>
<th>Type of Post-tenure Review Models Employed at 39 U.S. Medical Schools With Such Policies, 2014</th>
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<tbody>
<tr>
<td>Post-tenure review model</td>
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<td>----------------------------------------------------------------</td>
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<tr>
<td>Comprehensive periodic post-tenure review only (i.e., all faculty are reviewed on a periodic cycle)</td>
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<tr>
<td>Combination model: periodic and triggered post-tenure review (i.e., all faculty are reviewed periodically, and some faculty are reviewed when triggered by an unsatisfactory annual review or similar event)</td>
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<tr>
<td>Triggered consequential post-tenure review only (i.e., only some faculty are reviewed, review is triggered by an unsatisfactory annual review or similar event)</td>
</tr>
<tr>
<td>Annual post-tenure review (all tenured faculty are reviewed)</td>
</tr>
<tr>
<td>Selective annual post-tenure review (only selected tenured faculty are reviewed)</td>
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<tr>
<td>Other</td>
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*Survey item prompted respondents to “check all that apply,” so totals do not equal 39, and percentages do not equal 100.
The purposes of these policies clustered in three broad categories. First, many medical schools reported that the primary purpose of post-tenure review was to assess faculty productivity and performance, which may be more summative or retrospective in nature. Specifically, these respondents identified post-tenure review as a mechanism to identify and address areas of concern about faculty performance and to help faculty members improve performance in teaching, research, and institutional service. Next, many schools viewed the process as a prospective or formative one, intended to facilitate continued faculty development, vitality, and engagement. Finally, some schools noted that the purpose of post-tenure review was to acknowledge and reward faculty successes. Another similarity among medical schools is that more than half of institutions reported that post-tenure review was established by a mandate from the university, with smaller numbers reporting that the mandate was from the medical school, the state legislature, or another source.

Given the great variety in models of post-tenure review policies—periodic, triggered, a combination of periodic and triggered, or other—we suspect that these policies are often linked to or even complementary to the regular faculty evaluation policies in place at the institution. A periodic five- to seven-year assessment and prospective career planning seems particularly appropriate for tenure faculty in addition to annual reviews that may be more focused on immediate service issues in teaching, research, and other areas. The potential for growth does not stop with tenure or even professorship, but without post-tenure review, senior faculty members may have few opportunities to focus on their continuing development or to receive peer input on opportunities for ongoing career growth and longer-term career planning.

Neither the literature nor this study provides evidence that any one model of post-tenure review is better for institutions or individuals than another. Policies and practices are necessarily specific to the culture and circumstances of each institution; however, sharing information about policies and processes may help institutions discover what exists in the universe of approaches and practices related to post-tenure review, learn from one another, and improve post-tenure review systems. On the basis of respondents’ feedback, we found that some believe that the current post-tenure review policies at their respective institutions are relatively ineffective. We suggest that an ideal policy would provide an opportunity for a robust retrospective review spanning five to seven years and incorporating both self-assessment and peer review. This process also should be transparent and supported by faculty and institutional leadership.

This study has several limitations. We only surveyed associate deans for faculty affairs. The perceptions of other institutional leaders and faculty participants in post-tenure reviews might have provided valuable insights into the acceptance of or resistance to this process, a crucial element in any discussion of the topic and an intriguing area for future research. Further, as post-tenure review is an ongoing process, this study did not capture how faculty development plans or rewards play into the outcomes of the post-tenure review process.

Research is needed to explore post-tenure review outcomes and overall impact for both individual faculty members and institutions. Research also should explore the alignment between the stated purpose of the post-tenure review process and its outcomes (e.g., if post-tenure review is intended to be prospective or formative, are the results of reviews used accordingly or are they used for sanctions or dismissal, creating distrust in the process among faculty?).

Despite these limitations, the high survey response rate indicates that this study provides a foundational understanding of the prevalence, purpose, and general characteristics of post-tenure review policies at U.S. medical schools. These results may assist institutional administrators and leaders responsible for introducing and managing post-tenure review policies and prompt discussions around policy, practice, and outcome alignment between processes across institutions. Most institutions have some type of faculty evaluation policy in place that determines or contributes to decisions about key issues such as salary or promotion. Post-tenure review policies expand on the more routine evaluations that often consider only the previous year and next year in assessing the longer-term trajectory of faculty performance and to facilitate prospective faculty development and career growth for senior faculty members. Above all, post-tenure review processes consume physical, emotional, and political resources and warrant study to continue to optimize their effectiveness and efficiency as well as to ensure that they accomplish their purpose.

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**Other disclosures:** None reported.

**Ethical approval:** This study was determined by the Association of American Medical Colleges human subjects administrator to be exempt from human subjects review because the data are institutional level only.

**Previous presentations:** Select preliminary findings were presented at the Group on Faculty Affairs/Group of Diversity and Inclusion Joint Professional Development Conference held in San Juan, Puerto Rico, June 2015.

**References**