Clinical MD Faculty Retention and Intent to Leave by Department

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Introduction

Physician and faculty retention has garnered increased attention in recent years with projected workforce shortages of over 100,000 physicians expected by the year 2025.¹ Physician shortages are predicted to be more substantial in certain specialties, such as primary care, suggesting that retention by specialty is an important analysis to undertake.

Further, institutions are faced with significant human capital and financial costs of losing faculty, with differential costs by department. For example, in an analysis of the cost of replacing faculty at one medical school, the average cost of replacing a single generalist and a specialist totaled $115,554 and $286,603, respectively.² In response to these workforce and institutional concerns, the current study examined the following research questions.

First, to understand the current state of retention, we examined:

What are the intended and actual retention rates among physician faculty at US medical schools by department?

Second, to improve retention, it is important to identify drivers of faculty intent to leave.

As such, we examined:

What are the potential reasons for differences in intent to leave among faculty in different departments?

Methodology

Retention. Retention data were retrieved from the AAMC Faculty Roster database,³ which tracks over 95% of all full-time US medical school faculty at LCME-accredited institutions.

Intent to leave. Intent to leave data come from a spring 2009 administration of the Faculty Forward job satisfaction survey. The 51-item survey was fielded to just over 19,000 full-time faculty at 23 US medical schools. Items on the job satisfaction survey asked faculty about their "intentions to leave" their current school, global satisfaction, satisfaction with clinical practice, and other domains relevant to faculty satisfaction.

Sample. For all analyses, we examined faculty with MD degrees in clinical departments (i.e., clinical MD faculty). Analyses of faculty "intentions to leave" included 6,265 full-time clinical MD faculty respondents (47.5% response rate) from the 23 medical schools. The 23 schools self-selected to participate in the AAMC Faculty Forward program and represent about 20% of all LCME-accredited medical schools—a subset that is reasonably representative of all LCME-accredited US medical schools.

Results: Retention by Department

We examined actual national retention rates by department. The figure below displays the average 5-year retention rates for clinical MD faculty by department across 5 national cohorts starting each year from 1999 to 2003.

Results: Intent to Leave by Department

After filtering out faculty with intentions of retiring, overall, 8.6% of clinical MD faculty reported intentions of leaving their institutions within the next 1-2 years. Results varied by department, as shown in the table below with departments ranked from lowest to highest intentions of leaving.

Results: Departmental Comparisons

To explore the differences between departments with low intentions of turnover and those with high intentions of turnover, we compared the lowest 3 and highest 3 departments on select items from the job satisfaction survey. The following table displays the percentage satisfied or percentage agreement on the survey items along with the P value for significant differences between groups as determined by chi-square analyses.

Discussion

Link between intent to leave and retention. In this analysis, national retention rates are related to intentions of turnover for some departments, but not for others. For example, pediatrics faculty (general and specialty combined) have some of the lowest intentions of leaving their institutions in the next 1-2 years and the second highest actual retention rates of all departments. Similarly, family practice faculty fall in the middle of the pack on both measures. However, emergency medicine faculty have the highest actual retention rates, but report the third highest intentions of leaving.

Departmental comparisons. The results indicate differences between departments with the lowest and highest intentions of turnover in our study are focused on patient care and workplace culture. In other words, satisfaction with aspects of patient care and workplace culture appear to be key drivers of intent to leave for clinical MD faculty.

Intervening variables. In addition to the job satisfaction items addressed in the departmental comparisons, departmental differences on intent to leave and actual retention rates are likely also due to factors not addressed in the job satisfaction survey. For example, the low retention rates of anesthesiology and OB/GYN faculty may be due to the high rates of malpractice within the specialties. Further, many additional intervening variables may influence the final decision of actually leaving one’s career rather than just planning to leave, including intrinsic value derived from the career and extrinsic factors such as job security, physical location, and family circumstances. These issues need to be taken into account when interpreting the results.