

The Continued Evolution of Tenure Policies for Clinical Faculty at U.S. Medical Schools

For the past several decades, financial uncertainty, changes in health care delivery and reimbursement, and changing workforce needs have prompted medical schools to continually refine their appointment and tenure policies. This *Analysis in Brief* examines recent data for medical school clinical faculty by describing tenure systems, the financial guarantee associated with tenure, and probationary period length.

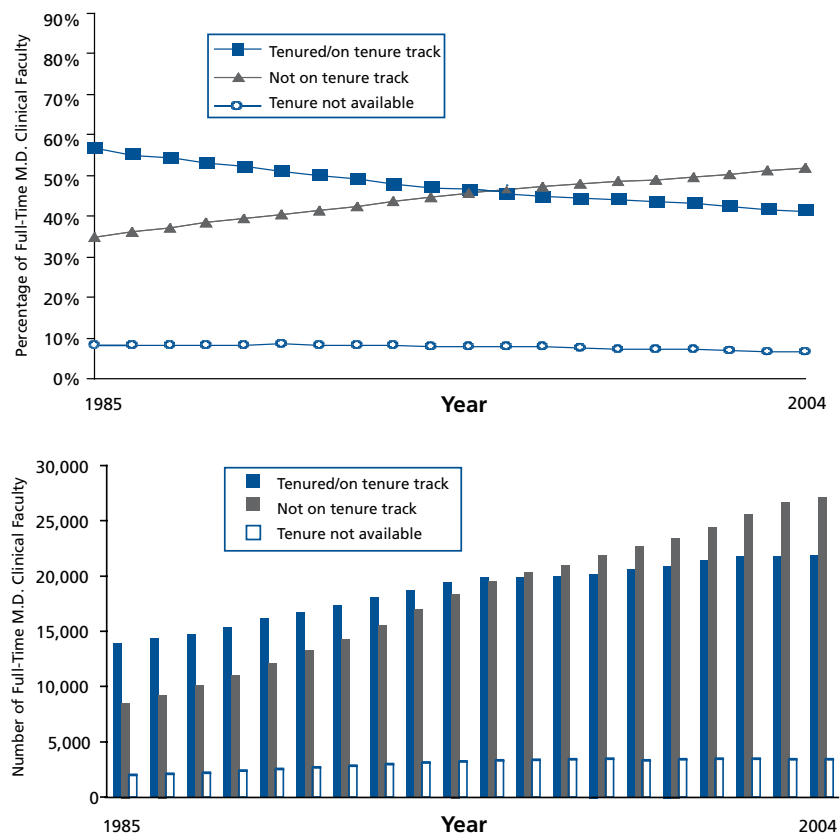
Data come from two sources: first, responses to the AAMC's 2005 Faculty Personnel Policies Survey of the 125 LCME-accredited U.S. medical schools. The survey instrument consists of questions about policies and procedures related to appointment, tenure, and compensation structures for medical school faculty. Deans or designated staff members completed the survey instrument, which received a 100 percent overall response rate. The second data source is the AAMC Faculty Roster – a national database that tracks characteristics of more than 95 percent of full-time U.S. medical school faculty.

Prevalence of tenure systems and the tenure track

Tenure systems remain well established in U.S. medical schools. In 2005, only 12 of the 125 U.S. medical schools did not offer tenure for their clinical faculty.[†] While tenure systems remain common, the proportion of clinical faculty on tenured or tenure-eligible tracks has changed significantly over time. In 1985, 57 percent of full-time M.D. faculty in clinical departments were either tenured

Figure 1.

Tenure status for full-time M.D. faculty in clinical departments at U.S. medical schools, in percent (top panel) and in absolute numbers (bottom panel), 1985-2004



Source: AAMC Faculty Roster

or on the tenure track, but in 2004, this figure decreased to 42 percent (Figure 1, top panel).

An important, and sometimes overlooked, component of this analysis is that the number of tenured and tenure-

eligible M.D. clinical faculty increased 50 percent over the same period: from 14,026 in 1985 to 21,921 in 2004 (Figure 1, bottom panel). In other words, there were far more, not fewer, tenured and tenure-track clinical faculty at U.S. medical schools in 2004 than ever

Table 1.
Relationship Between Tenure and Financial Guarantee for Clinical Faculty at U.S. Medical Schools, 2005

Response	Clinical faculty No. (%)
Tenure has a specific financial guarantee	56 (50)
Total institutional salary	3 (5)
State-funded base salary	16 (29)
Base salary, otherwise defined	19 (34)
Fixed dollar amount	4 (7)
Amount referenced to an internal standard	10 (18)
Amount referenced to an external standard	3 (5)
No response	1 (2)
Financial guarantee is not clearly defined	10 (9)
Other	4 (4)
No financial guarantee	43 (38)
Total *	113 (100)

* Does not include schools with no tenure system.
Source: AAMC 2005 Faculty Personnel Policies Survey

before. Yet the *percentage* of tenure-eligible clinical faculty declined even while the absolute numbers increased because the number of non-tenure-track clinical M.D.s grew even faster: from 8,612 in 1985 to 27,207 in 2004 (an increase of over 300 percent). During these two decades, as medical schools expanded their clinical enterprises, they most commonly populated their faculty ranks with non-tenure-track M.D. practitioners whose primary responsibility was patient care.

While the steady decline in the overall percentage of tenure-eligible M.D. clinical faculty is certainly noteworthy, it would be difficult to conclude that tenure is in jeopardy of disappearing for these faculty, at least in absolute terms. New M.D. faculty in clinical departments, however, are increasingly appointed to non-tenure-eligible positions, thus influencing the overall trends in tenure status. In 1985, 41 percent of newly hired full-time clinical M.D. faculty were on tenure-eligible tracks, but in 2004, that percentage declined to 28 percent.†

Relationship between tenure and guaranteed salary

Historically, tenure has been linked to the economic security of faculty members. The modern concept of

tenure, however, does not necessarily encompass this concept as medical schools have been forced to align their faculty employment policies and practices with the economic realities of their environments. Of the 113 medical schools that offered tenure to clinical faculty in 2005, 56 (50 percent) had a financial guarantee associated with tenure while 43 (38 percent) had none (Table 1). Of those 56 schools with a tenure guarantee, only three asserted that they guaranteed total institutional salary, and all three were considering a revision or clarification of what portion of compensation was guaranteed by tenure. The majority of institutions with a specific tenure financial guarantee for clinical faculty defined the guarantee as base salary, whether it be the state-funded portion of salary or otherwise defined.

Tenure probationary periods

The difficulty of establishing research careers in an era of increased competition for grants and greater work pressures to fulfill patient care responsibilities have prompted a reconsideration of tenure probationary period length. The percentage of medical schools that have lengthened the probationary period for tenure-track faculty beyond the traditional six- to seven-year period endorsed

by the American Association of University Professors (AAUP) has steadily increased since 1983.† In that year, 26 percent of those medical schools with fixed probationary length had probationary periods of eight or more years for their clinical faculty; by 2005, 43 percent of schools did. These policy revisions may reflect the difficulty faculty have becoming established within the traditional time frame because of increasing demands on their time, while also trying to maintain a balance of work and family.

Conclusion

For the last two decades, medical schools have departed from historical faculty employment norms and continue to refine their appointment and tenure policies. Tenure systems remain well established in medical schools but the proportion of clinical faculty on tenured or tenure-eligible tracks has declined over time. In concert with these changes, an evolution of both the financial guarantee associated with tenure and the probationary period length has transformed the fundamental concept of tenure at many medical schools.

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Further details for clinical faculty as well as results for basic science faculty can be found in: The Continued Evolution of Faculty Appointment and Tenure Policies at U.S. Medical Schools. Acad Med. 2007;82: 281-289.

†Additional data available at www.aamc.org/data/aib

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