

The Redistribution of Tenure Tracks for U.S. Medical School Faculty: Clinical MD Faculty (Part I)

U.S. medical schools and their faculty have seen dramatic changes over the past decades. There have been significant shifts in the faculty work environment, including the effects of significant changes to reimbursement practices and health care delivery, tightened institutional budgets resulting in increased pressure to generate clinical revenue and fewer resources for education, and exceptional competition for federal research funding. Medical schools have adapted to these environmental changes by continually refining their appointment and tenure policies for their faculty.

The evolution of these trends has been studied previously,¹ but this *Analysis in Brief* (AIB) extends analysis for full-time MD clinical faculty and presents a current snapshot of 1) tenure systems and 2) trends in the number and percentage of full-time clinical MD faculty on tenure-eligible tracks. A forthcoming AIB will present analysis for full-time basic science PhD faculty.

Anecdotally, some people suggest that higher education is moving away from both tenure systems and tenure-eligible positions.² However, this analysis shows that tenure systems remain established in U.S. medical schools, although the proportions of clinical MD faculty on tenured or tenure-eligible tracks have become substantially redistributed to nontenure-eligible tracks.

Methods

The data in this AIB come from the Association of American Medical Colleges (AAMC) Faculty Roster. The Faculty Roster is a national database that tracks characteristics of virtually all full-time U.S. medical school faculty at all

LCME-accredited institutions. Trends in the number and percentage of full-time clinical MD faculty by appointment type (tenure-eligible vs. nontenure-eligible) are examined from 1984 to 2014 using data snapshots taken on December 31 of each year. Trends in tenure tracks for newly hired faculty—those who are at rank of assistant professor and above and whose first full-time faculty appointment began between January 1 and December 31 of the snapshot year—also are examined. The Faculty Roster also maintains

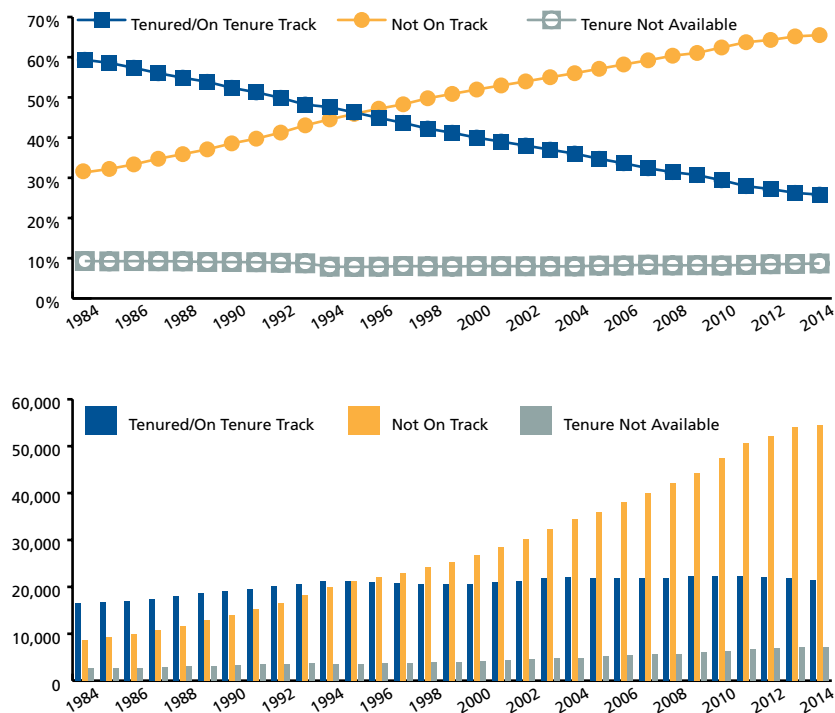
information on the type of tenure system in place at each medical school. These data were used to examine the prevalence of tenure systems.

Results

Tenure Systems

Results show that tenure systems remain established in the majority of medical schools: 94 percent of accredited medical schools currently have a tenure appointment system (132/141) as of March 2015. Of those schools with a

Figure 1: Tenure status for full-time MD faculty in clinical departments at U.S. medical schools in percentage (top panel) and absolute numbers (bottom panel), 1984–2014



* Data reflect December 31 snapshots; missing data are excluded.

**Tenure Not Available refers to faculty from institutions that do not offer tenure.

1. For example, see: Bunton SA & Corrice AM. Evolving workplace flexibility for U.S. medical school tenure-track faculty. *Acad Med.* 2011;86(4):481-485.
2. For example, see: <https://chronicle.com/article/Tenure-RIP/66114/>.

tenure system, 95 percent (125/132) allow basic science and clinical faculty to be appointed to a tenure-eligible track, while the remaining 5 percent (7/132) allow only basic science faculty to be appointed to such tracks.

Clinical MD Faculty

Tenure-track Trends

Although systems of tenure remain common, results also show that the proportion of full-time faculty on tenured or tenure-eligible tracks has continued to decline over the past three decades.

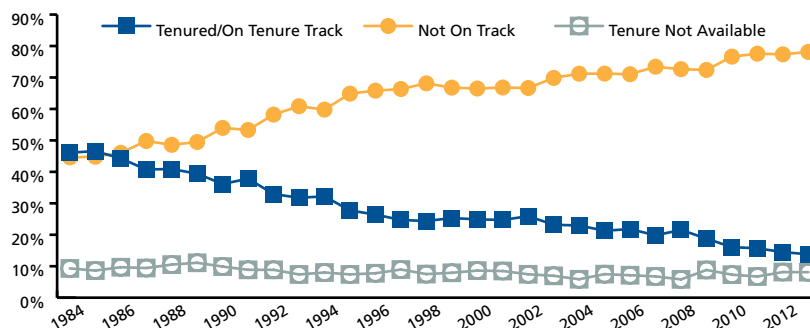
For full-time MD faculty in clinical departments, a substantial redistribution of tenured and nontenured faculty has occurred: The proportion of clinical faculty on tenure-eligible tracks has dropped from 59 to 26 percent in the time period 1984 to 2014 (Figure 1, top panel). While absolute numbers of tenured or tenure-eligible clinical faculty increased slightly through the mid-1980s, the numbers plateaued and have remained steady for the past two decades (numbers have hovered around 21,000 faculty, +/- 1000, since 1992; Figure 1, bottom panel).

Results show that the decline in the proportion of tenure-eligible faculty over time is likely largely a result of an ongoing shift wherein most newly hired clinical faculty are being placed on tracks that are not eligible for tenure. Three decades ago, 46 percent of full-time newly hired clinical MD faculty were on tenure-eligible tracks; in 2013, that percentage declined to just 14 percent (Figure 2).

Discussion

Results show that tenure systems remain in the majority of U.S. medical schools. The percentage of medical schools that offer tenure systems for at least some of their faculty (94 percent of medical schools have a tenure system in place) is greater than in higher education generally. There, 72 percent of public institutions and 56 percent of nonprofit (private) institutions have tenure systems in place.³ Further, the percentage of medical schools with tenure systems has

Figure 2: Tenure status for full-time newly hired MD faculty in clinical departments at U.S. medical schools in percentage, 1984–2013



* Data reflect December 31 snapshots; missing data are excluded.

* 2013 is the most recent year for which comprehensive data on new hires are available.

remained fairly consistent over time,⁴ suggesting that tenure systems as a whole are not decreasing.

Despite the prevalence of tenure systems in U.S. medical schools, the proportion of faculty on tenure-eligible tracks for full-time clinical MD faculty has decreased markedly over the past three decades. As medical schools have expanded, they have created many more nontenure positions, resulting in a decrease in the proportion of their clinical MD faculty who are tenure-eligible.

Over the past two decades, though, the absolute numbers of faculty on these tenure-eligible tracks have plateaued. This plateau has occurred despite the significant growth in the overall clinical enterprise during the same time period. In sum, the results show that most medical schools have not increased the number of tenure-eligible positions, but that those existing tenure-eligible positions are not being eliminated. These trends will be monitored closely in the years ahead as larger numbers of faculty are expected to retire.

As these changes have evolved for clinical MD faculty, so has a shift in the meaning of tenure. Historically, tenured appointments have implied some degree of economic security.⁵ Research has shown

that medical schools have continued to revise their policies and faculty reward structures for both clinical and basic science faculty and increasingly provide no financial guarantee associated with tenure or, when they do, it is on a much more limited basis.^{4,6} These changes reflect that changing and tightened funding models do not always mesh well with permanent financial commitments to tenured faculty. Future research will explore the financial aspect of tenure-eligible appointments and how they have changed over time as overall trends on faculty appointments have evolved, as well as what tenure means for medical school faculty and institutions today.

Authors

Sarah A. Bunton, PhD, Research Director, sbunton@aamc.org

Rae Anne Sloane, Database Specialist, Research and Data Programs, rsloane@aamc.org

Association of American Medical Colleges

655 K St., NW, Suite 100
Washington, D.C. 20001-2399
analysis@aamc.org
www.aamc.org/data/aib

3. National Center for Education Statistics. Digest of Education Statistics, Table 305. Accessed March 30, 2015 at: http://nces.ed.gov/programs/digest/d12/tables/dt12_305.asp.

4. 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.

5. American Association of University Professors. 1940 statement of principles on academic freedom and tenure with 1970 interpretive comments. In: *AAUP Policy Documents and Reports*. 9th ed. Washington, DC: American Association of University Professors; 2001.

6. Bunton SA. The relationship between tenure and guaranteed salary for U.S. medical school faculty. *Analysis in Brief.* 2010;9(6):1-2. Washington, DC: Association of American Medical Colleges.