

Infrastructure Review: Administrative Staff Head Count Per Full-Time Faculty at U.S. Medical Schools

June 2025

Administrative support is essential to the successful delivery of academic medicine's core missions of education and research. For MD programs, administrators play a pivotal role in coordinating curriculum delivery, managing accreditation, supporting faculty and student needs, and ensuring smooth clinical and educational operations. Research administrators enable researchers to focus on advancing scientific discovery by managing pre- and post-award responsibilities, including staffing, budgeting, and logistics. A stable and adequately staffed administrative infrastructure is critical to helping both students and faculty thrive.

In addition to what is available within the school-specific AAMC Operations Management Tool (OMT), this data snapshot provides benchmarks of administrative staff supporting both MD programs and the research portfolio per full-time faculty at U.S. medical schools. It also offers insights to inform strategic planning and operational decision-making around hiring and retention efforts.

Methods

Data for this snapshot were derived from responses submitted by LCME®-accredited, MD-granting medical schools in the U.S. to the Fiscal Year (FY) 2023 Operations Management Survey (OMS). In 2015, the voluntary survey began collecting head counts (not full-time equivalents [FTEs]) of full-time or part-time staff whose roles support an institution's MD program and research portfolio. In the OMT, responses to the survey are used to calculate per student and per principal investigator (PI) ratios, measuring the administrative infrastructure supporting the medical education program and research portfolio, respectively (see Appendix A for definitions).

For this snapshot, and to provide additional benchmarking data, percentiles were calculated by dividing the number of administrative staff by the total number of full-time (FT) basic and clinical science faculty as reported in the AAMC Faculty Roster for FY 2023. Calculations were further performed across various organizational characteristics found in the AAMC Organizational Characteristics Database, including ownership type, research intensity, and community-based organizations (see Appendix A for definitions). Means and counts are also included within the tables. Finally, trends were calculated based on a subset of schools that reported either type of staff for nine consecutive years between 2015 and 2023.

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Results for Administrative Staff Supporting the MD Program

The trends presented within Figure 1 include only the 36 schools that reported head count data about administrative staff supporting the MD program for all nine consecutive years (2015-23). These are FT or part-time individuals who provide direct support to the MD program. For trending purposes, schools that did not report in every year were excluded.

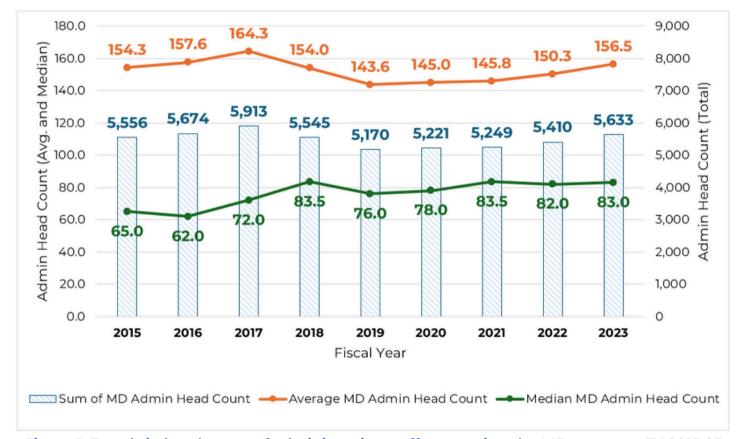


Figure 1. Trends in head count of administrative staff supporting the MD program, FY 2015-23.

Between 2015 and 2023, total administrative staff supporting the MD program increased by 1% from 5,556 to 5,633. Total head count declined by 12.6% from its high point of 5,913 in 2017 to 5,170 in 2019. Though median staffing increased 28% during this period, by 2023, total staffing had yet to surpass 2017 levels.

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The data in Table 1 include 68 medical schools that provided data on MD program staffing.

Table 1. Administrative Staff Supporting the MD Program per Full-Time (FT) Faculty Member, FY2023

Decile	All Schools	Private Schools	Public Schools	FT Faculty Fewer Than 1K	FT Faculty More Than 1K	Community- Based Schools	Top 50 Research- Intensive Schools
75%	0.154	0.077	0.167	0.4	0.07	1.384	0.059
50%	0.065	0.05	0.075	0.17	0.04	0.2	0.04
25%	0.032	0.025	0.041	0.09	0.03	0.122	0.024
Mean	0.246	0.173	0.289	0.541	0.075	0.97	0.083
Valid N	68	25	43	25	43	9	30

Note: See Appendix B for additional Administrative Staff Per Total Enrollment benchmarks.

- **Community-based schools** reported the widest range and highest staff-to-faculty ratio compared to other cohorts, with a median of 1-to-5, and the 75th percentile exceeding 1.3 staff members per individual faculty member.
- Schools with fewer than 1,000 FT faculty members also reported substantially higher staff-to-faculty ratios than schools with more than 1,000 FT faculty members, with a median of 1-to-6, compared to 25 faculty members in larger schools (0.17 vs. 0.04).
- The top 50 research-intensive schools generally had the lowest staff-to-faculty ratios, with a median of 1-to-25, and the 75th percentile equating to 1-to-17.

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Results for Administrative Staff Supporting the Research Portfolio

The trends presented within Figure 2 include only the 30 schools that reported head count data about administrative staff supporting the research portfolio for all nine consecutive years (2015-23). These are FT or part-time individuals whose positions are explicitly designated to support the preand post-award administration of the research portfolio. For trending purposes, schools that did not report in every year were excluded.

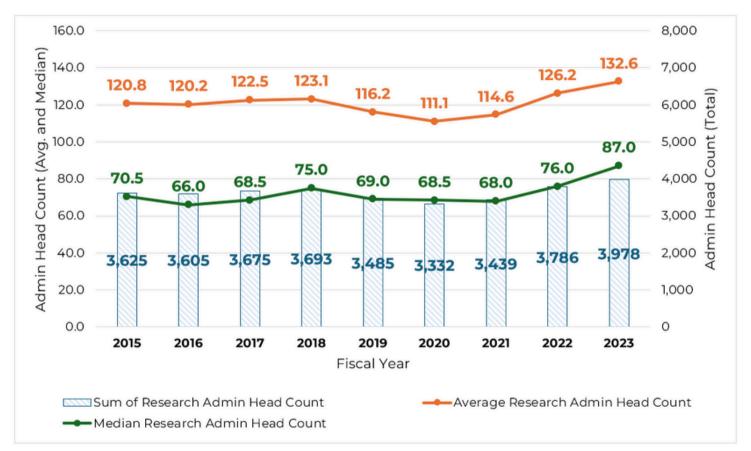


Figure 2. Trends in head count of administrative staff supporting the research portfolio, FY 2015-23.

Between 2015 and 2023, total administrative staff supporting the research portfolio increased by 10%, with median staffing rising by 23%. Total head count began declining between 2018 and 2019, prior to the COVID-19 pandemic, declining by 7% through 2021. Median staffing remained relatively stable during this time. By 2023, total staffing had surpassed pre-pandemic levels.

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The data in Table 2 include 60 medical schools that provided research portfolio staffing data.

Table 2. Administrative Staff Supporting the Research Portfolio per Full-Time (FT) Faculty Member, FY 2023

Decile	All Schools	Private Schools	Public Schools	FT Faculty Fewer Than 1K	FT Faculty More Than 1K	Community- Based Schools	Top 50 Research- Intensive Schools
75%	0.13	0.119	0.13	0.12	0.14	0.141	0.201
50%	0.074	0.077	0.074	0.08	0.07	0.112	0.074
25%	0.038	0.036	0.046	0.06	0.04	0.098	0.041
Mean	0.114	0.099	0.123	0.1	0.123	0.136	0.128
Valid N	60	23	37	24	36	8	25

Note: See Appendix B for additional Administrative Staff Per Principal Investigator (PI) benchmarks.

- **Community-based schools** reported higher staff-to-faculty ratios at the median (1-to-9) and mean (1-to-7) than other cohorts, and the narrowest range between the 25th and 75th percentiles compared to other cohorts.
- Schools with fewer than 1,000 FT faculty reported higher staff-to-faculty ratios at the 25th and 50th percentiles compared to schools with more than 1,000 faculty members, and the median of 0.08- or 1-to-12.5 is second only to community-based schools.
- The top 50 research-intensive schools reported the widest range and highest staff-to-faculty ratio, from approximately 1-to-24 at the 25th percentile, up to nearly 1-to-5 at the 75th percentile.

Conclusion

This analysis reviewed two distributions of administrative staff — one supporting the MD program and the other supporting the research portfolio — per FT faculty across U.S. medical schools. These findings provide insight into broader trends and institutional characteristics, and highlight relationships between administrative staffing ratios, school type, and faculty size.

Overall, these data reveal contrasting patterns, with MD program ratios showing greater variability and reaching higher levels (i.e., instances where there are more staff than faculty). Elevated ratios, particularly in community-based schools, suggest a heavier reliance on staff to support educational functions and may reflect the limited economies of scale available to smaller institutions. Regardless of size, MD programs do require a baseline level of administrative support, meaning schools with fewer faculty or students may still need staffing levels similar to those at



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larger institutions. While total MD administrative head counts changed only modestly over the nine-year period, the data show notable year-to-year variability in average staffing levels and a more pronounced shift in median staffing between 2015 and 2018, potentially reflecting shifting institutional needs and priorities.

In contrast, research portfolio ratios are more consistent and modest across school types, which may reflect more standardized staffing models and greater economies of scale in supporting research operations. Between 2015 and 2023, research administrative staffing levels generally trended upward, with total head count increasing nearly 10% since 2015 and median head count rising from 70.5 to 87, despite a dip between 2018 and 2021.

With these benchmarks, schools can evaluate and refine their administrative structures to align with their unique missions and operational priorities. Appropriately scaling staffing levels is essential not only for effective support but also for ensuring resource efficiency, ultimately contributing to the broader goals of advancing medical education and research.

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Appendix A. Definitions of Terms Found in the Operations Management Survey and the AAMC Organizational Characteristics Database

Operations Management Survey (OMS) Definitions

<u>Administrative staff (nonfaculty positions) supporting the MD program:</u> The head count (not the full-time equivalent [FTE]) of full-time or part-time individuals who provide direct support to the MD program.

Administrative staff (nonfaculty positions) supporting the research portfolio: The head count (not the FTE) of full-time or part-time individuals whose positions are explicitly designated to support the pre- and post-award administration of the research portfolio associated with activities in the nonclass research laboratory space (as reported in research question 33 of the OMS). This head count includes all full-time and part-time positions, regardless of funding sources or physical locations of the positions (e.g., dean's office, department, shared service, or affiliated centers, institutes, and hospitals).

The AAMC Organizational Characteristics Database Definitions

<u>Community-based status:</u> A community-based medical school (1) does not have an integrated teaching hospital, (2) received full accreditation in 1972 or later, and (3) is nonfederal.

<u>Research intensity:</u> Federal research expenditures used to determine research intensity are based on direct federal grants and contracts expenditures for organized research as reported on the FY 2023 LCME Part I-A Annual Financial Questionnaire, and include expenditures recorded and not recorded on the books of medical schools. These data are reported only for medical education programs with full LCME accreditation status.

Ownership or control: Institutional control of the medical school classified as either public or private.

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Appendix B. Additional Benchmarks for Administrative Staff Supporting the MD Program and Research Portfolio

Table 1. Administrative Staff Supporting the MD Program per Total Enrollment, FY 2023

Decile	All Schools	Private Schools	Public Schools	Total Enrollment Fewer Than 600	Total Enrollment More Than 600	Community- Based Schools	Top 50 Research- Intensive Schools
75%	0.204	0.171	0.24	0.32	0.13	0.443	0.175
50%	0.12	0.125	0.117	0.18	0.1	0.24	0.118
25%	0.076	0.078	0.075	0.12	0.06	0.133	0.091
Mean	0.299	0.299	0.299	0.525	0.141	0.741	0.297
Valid N	68	25	43	28	40	9	30

Table 2. Administrative Staff Supporting the Research Portfolio per Principal Investigator (PI), FY 2023

Decile	All Schools	Private Schools	Public Schools	Total PI Counts Under 700	Total PI Counts Over 700	Community- Based Schools	Top 50 Research- Intensive Schools
75%	0.441	0.328	0.495	0.55	0.25	0.696	0.266
50%	0.2	0.196	0.256	0.32	0.18	0.382	0.178
25%	0.147	0.147	0.147	0.15	0.12	0.229	0.147
Mean	0.398	0.376	0.412	0.508	0.213	0.514	0.248
Valid N	59	23	36	37	22	8	25



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References

- 1.AAMC. Faculty Roster: U.S. Medical School Faculty. AAMC; 2024. https://www.aamc.org/data-reports/faculty-institutions/report/faculty-roster-us-medical-school-faculty
- 2. AAMC. Organizational Characteristics Database. AAMC; 2024. https://www.aamc.org/data-reports/faculty-institutions/report/organizational-characteristics-database-ocd