Volunteer Faculty in U.S. Medical Schools: Number and Composition by School Characteristics

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May 2026

Many U.S. medical schools rely on volunteer faculty to advance their missions, particularly in delivering clinical instruction and mentoring future physicians.[1,2] Overall, as of Dec. 31, 2024, there were just over 170,000 volunteer faculty with appointments at U.S. medical schools and volunteer faculty represented 39% of all medical school faculty.[3] To provide a more comprehensive picture of faculty staffing models at U.S. medical schools, this data snapshot reports the average number and percentage of a school's total faculty who hold volunteer appointments and describes how institutions incentivize this unpaid segment of their workforce. Understanding the proportion of faculty with volunteer appointments at different types of medical schools and the benefits provided to those faculty can help schools make decisions about the size and composition of their faculty, as well as identify strategies for recruiting and retaining them. These benchmark data can be particularly useful for schools that are planning to expand class size or open regional campuses as they develop strategies to ensure sufficient faculty to support the expansion.

Methods

This data snapshot uses data from the 2024-2025 Liaison Committee on Medical Education (LCME®) Annual Medical School Questionnaire Part II to present the average number of volunteer faculty at U.S. medical schools and the percentage of the total faculty they represent. The questionnaire is distributed to all LCME-accredited medical schools annually each spring and asks schools to provide the number of full-time, part-time, and volunteer faculty in basic science, clinical, and other departments of the medical school as of Dec. 31 of the prior calendar year. See Appendix 1 for definitions provided to schools to guide their reporting. In addition, the questionnaire asks schools to report on the types of benefits that are provided to volunteer faculty members for teaching medical students at their community practice sites.

In the 2024-2025 LCME Annual Medical School Questionnaire Part II, of the 158 LCME-accredited medical schools, 157 medical schools provided faculty count data. Of these, 12 schools (7.6%) reported that they did not have any volunteer faculty and were excluded from analyses; thus, 145 schools were included in the analyses.
Because the purpose of this data snapshot is to describe the average or typical medical school, schools were the unit of analysis. The percentage of faculty of a given type was calculated for each school, and these percentages were averaged. By using schools as the unit of analysis, all schools were equally weighted in calculations, regardless of size. This results in a different outcome than using individuals as the unit of analysis, wherein all faculty from all schools would be pooled together and one overall percentage would be calculated. The individual-level methodology was used in a previous snapshot[43] and is more appropriate for describing the overall workforce rather than the average school.

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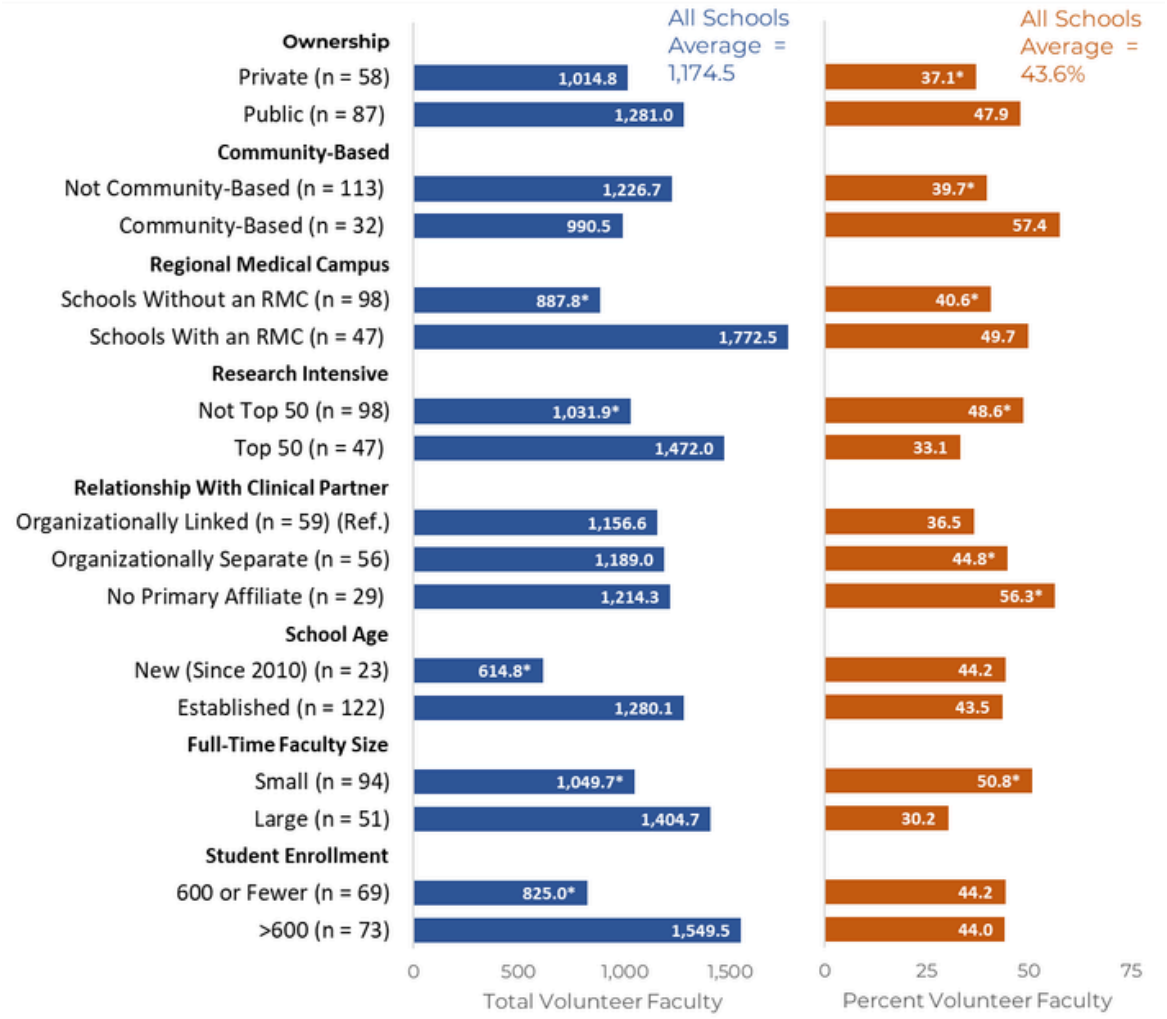
Key Findings

Among the 145 U.S. medical schools that reported having volunteer faculty, the average number of volunteer faculty per school was 1,175. On average, these volunteer faculty consisted of 43.6% of the total faculty body. However, there was substantial variation both in the number and percentage of volunteer faculty per school, with schools having as few as two volunteer faculty and as many as 5,852.

There was variation in the number and proportion of volunteer faculty per school by school characteristics (Figure 1). Although there was no significant difference in the number of volunteer faculty at community-based schools and at noncommunity-based schools, community-based medical schools tended to have fewer faculty overall; therefore, volunteer faculty represented a significantly larger proportion of the overall faculty at these schools (57.4% vs. 39.7%). Schools with regional campuses tended to have more volunteer faculty than those without regional campuses, both in terms of numbers (1,772.5 vs. 887.8) and percentage (49.7% vs. 40.6%). In addition, schools that did not have a primary affiliated health system tended to rely more heavily on volunteer faculty, with 56.3% of their faculty having volunteer appointments. Schools with more students tended to have more volunteer faculty; however, there was no significant difference in the percentage of volunteer faculty by student body size (Figure 1). This indicates that schools with more students tended to have more volunteer faculty, but also more faculty overall.



Note: Large full-time faculty size was defined as more than 1,400 full-time faculty. Small was defined as 1,400 full-time faculty or fewer. Asterisks (*) indicate significant differences where P ≤ 0.05 based on chi-square tests. Where three or more comparison groups are presented, significance testing was conducted between each individual group and the reference group. "Ref." denotes reference groups for significance testing.

Figure 1. Average number and percentage of volunteer faculty per school, overall and by school characteristics.

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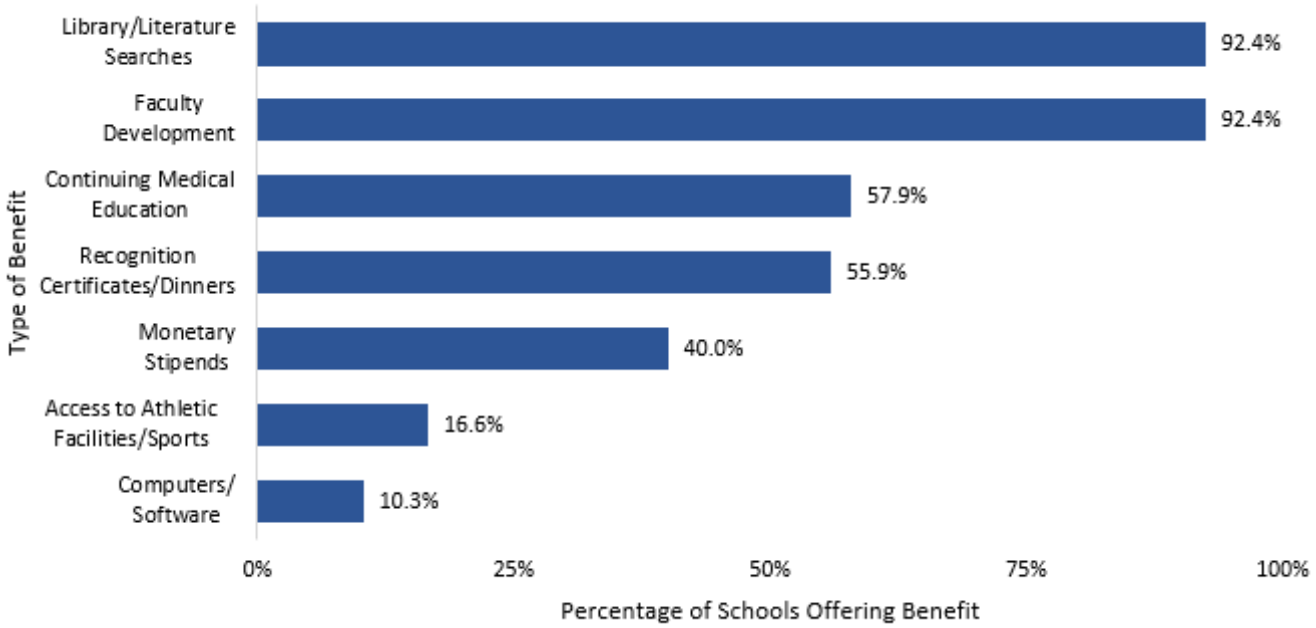
The vast majority (97.9%) of schools offered at least one type of benefit to their volunteer faculty. The benefits most commonly provided to volunteer faculty included access to faculty development programs and access to library and literature searches, with 92.4% of schools providing these benefits (Figure 2). Forty percent of schools provide monetary stipend payments to some or all volunteer faculty.



Note: Respondents were asked to select all benefits that apply. See Appendix 1 for full question and response option text.

Figure 2. Percentage of schools providing benefits to volunteer faculty.

While there were no statistically significant differences in the proportion of schools that offered monetary stipend payments to some or all volunteer faculty by school characteristics, there were some interesting trends in the data. Almost 50% of private schools offered stipends versus only 35% of public schools. Similarly, 51% of schools with regional medical campuses (RMCs) offered stipends compared to only 35% of schools without RMCs. Finally, 52% of new schools (i.e., schools that received their preliminary accreditation in 2010 or later) reported offering stipends to some or all volunteer faculty compared to only 38% of more established schools.

Conclusion

Faculty size and composition can vary substantially based on each institution's specific needs and missions. The range in the number and percentage of volunteer faculty across medical schools suggests differing levels of utilization of volunteer educators and different organizational approaches to incentivizing community-based physicians in the academic workforce. The data presented in this snapshot can help schools understand how their volunteer faculty base compares to similar institutions and make decisions about the size and composition of their faculty. Schools planning on expanding class size or establishing regional medical campuses may be particularly interested in this data to support decision-making.

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Use of Report

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Appendix 1: LCME Part II Survey Definitions

Faculty numbers

Survey Question: Provide the number of full-time, part-time, and volunteer faculty in the basic science, clinical, and other departments of the medical school as of December 31, 2024. (Pathology faculty should be included only once in either basic science or clinical.) (See Instruction Manual for definitions).

The LCME Part II manual provides the following verbatim definitions regarding faculty.

Full-time faculty—Enter the total number of paid individuals in basic science, clinical, and other departments (whether paid by the medical school or some other source, such as the health system) who are defined as full-time medical school faculty. Include faculty defined as full-time who are located at all campuses.

Part-time faculty—Enter the total number of paid individuals in basic science, clinical, and other departments who are considered by the medical school to be part-time medical school faculty. Include part-time faculty at all campuses.

Volunteer faculty—Enter the total number of individuals in basic science, clinical, and other departments who are defined by the medical school as volunteer faculty (even if the school uses another term, such as "gratis" or adjunct faculty and if they may be given financial or other compensation for their time). Include volunteer faculty at all campuses/affiliated clinical sites.

Whether to consider a department to be basic science, clinical, or other (e.g., public health) is at the discretion of the medical school but count each faculty member only once. Note that individuals from a basic science discipline may be based in a clinical department and should be counted there. Pathology faculty should be included only once under either basic science or clinical.

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Benefits provided to volunteer faculty

Survey Question: Select the circumstance that most closely matches the organizational relationship of the medical school with its clinical partner(s). (Select the one that most closely applies) (See Instruction Manual for definitions)

- There is no one health system that is the primary affiliate of the medical school (there are individual affiliated systems/hospitals)
- There is a primary affiliated health system that is organizationally separate from/independent of the medical school
- The primary health system and the medical school are organizationally linked (e.g., through a common board or reporting line)

Relationship to clinical partner

Survey Question: Indicate which of the following are provided to community-based volunteer/adjunct clinical faculty members for teaching medical students at their community practice sites. (Check all that apply)

- Monetary stipend payments to some/all volunteer faculty
- Access to library/literature searches
- Access to faculty development programs
- Access to free/discounted continuing medical education
- Recognition certificates/dinners
- Computers (other IT)/software supplied for free or discounted
- Access to athletic facilities/sports events

The LCME Part II manual provides the following definitions:

Select the option that most closely matches the organizational relationship of the medical school with its clinical partners. (Select one option)

- If the medical school is affiliated with a number of individual hospitals/health systems (there is no one that predominates), click on the first alternative.
- If there is a primary/major affiliate health system that is organizationally separate/independent of the medical school/sponsoring university, click on the middle alternative.
- If the medical school and its primary affiliate (hospital/health system) are organizationally linked through a common board or reporting line, click on the third option.

Appendix 2: Organizational Characteristics Database Definitions

Community-Based Medical School: There are three components of the AAMC's analytic definition of a "community-based" medical school: It (1) does not have an integrated teaching hospital, (2) received full accreditation in 1972 or later, and (3) is nonfederal.

Research Intensity: 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 2022 [Liaison Committee on Medical Education (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.