

### Personnel Policies to Support Part-time Faculty Members in U.S. Medical Schools: A Status Report

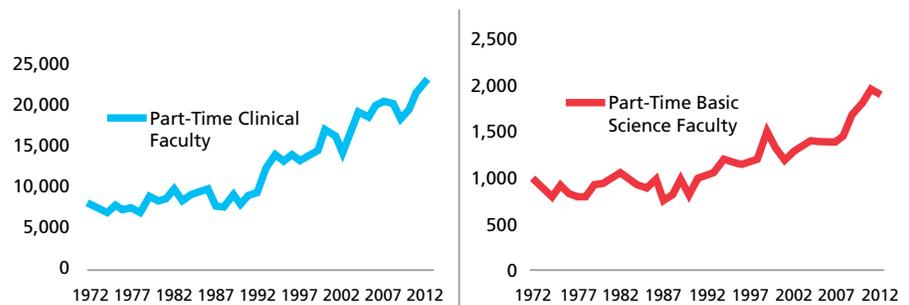
Part-time faculty members represent an important component of the faculty workforce at U.S. medical schools. Institutional estimates suggest that in 2012 there were more than 24,000 part-time faculty members (see Figure), reflecting 17 percent of the total faculty population that year.<sup>1</sup> Academic medicine has used part-time work schedules as a mechanism to recruit and retain high-quality faculty members, often in light of impending physician shortages.<sup>2</sup> Likewise, supporting faculty members with part-time appointments can help yield high-functioning health care teams.<sup>3</sup>

Little is known about the personnel policies for this category of faculty. Within academic medical centers, part-time faculty may present challenges for department chairs with regard to performance evaluation and advancement, faculty development, and financial considerations (e.g., for malpractice insurance), and a modified approach to these issues may be required.<sup>4,5</sup> This *Analysis in Brief* reports on the state of the institutional infrastructure—that is, faculty policies—currently in place for part-time faculty work in U.S. medical schools.

#### Methods:

Data reflect responses to the 2012 Faculty Personnel Policies Survey,

Figure: Number of Part-time U.S. Medical School Faculty Members, 1972–2012\*



Source: LCME Part II Annual Medical School Questionnaire

\* Note difference in scale (reflected on y axis) for faculty types. In 2012, there were 22,426 part-time clinical faculty and 1,906 part-time basic science faculty members.

an AAMC survey on the personnel policies of U.S. medical schools accredited by the Liaison Committee on Medical Education (LCME; n=126 fully-accredited schools at the time of survey administration). This survey instrument was designed to gather information on faculty personnel policies at institutions. Information gathered included the number of policies governing part-time faculty in place at institutions, the number of faculty using these policies, and examples of the policy language. Institutional faculty affairs representatives or designated staff members with expertise in faculty personnel policies completed the survey. The data presented herein reflect descriptive statistics of the

institution-level responses (112/126 schools; an 89 percent response rate).

#### Types of Faculty Members

The U.S. medical school faculty workforce is comprised of many types of faculty members who work to fulfill the institution's mission of patient care, research, education, and service.<sup>6</sup> Faculty members with a full-time appointment with their medical school are typically appointed to either clinical or basic science departments. Part-time faculty members are also typically appointed to clinical or basic science departments, have an appointment by the medical school of less than 1.0 FTE, and are compensated for that work. Volunteer faculty members are individuals who are appointed to the faculty to recognize the professional services performed on behalf of the medical school, but who are uncompensated or minimally compensated by the medical school. Volunteer faculty members are most often found in clinical departments.

1 Percent calculated using part- and full-time faculty totals. Part-time clinical faculty members comprised 18 percent of the total clinical faculty population in 2012 (22,426/124,898); part-time basic science faculty members comprised 11 percent of the total basic science faculty population that same year (1,906/17,965). Volunteer faculty are not included in calculations. Source: LCME Part II Annual Medical School Questionnaire and the AAMC Faculty Roster.

2 Satiani B, Williams TE, Ellison EC. The impact of employment of part-time surgeons on the expected surgeon shortage. *J Am Coll Surg.* 2011;213(3):345-51.

3 McMurray JE, Heiglers PJ, Shugerman RP, et al. Part-time medical practice: where is it headed? *Am J Med.* 2005;118:87-92.

4 Levine RB, Mechaber HF, Bass EB, Wright SM. The impact of working part-time on measures of academic productivity among general internists. *J Women's Health (Larchmt).* 2010;(11):1995-2000.

5 Patston P, Holmes D, Maalagh-Fard A, Ting K, Ziccardi VB. Maximising the potential of part-time teachers. *Clin Teach.* 2010;7(4):247-50.

6 For more information see: Bunton SA, Henderson MK. *Handbook of Academic Medicine: How Medical Schools and Teaching Hospitals Work.* Washington DC: Association of American Medical Colleges, 2013.

**Table: Number and Percent of U.S. Medical Schools with Basic Science and Clinical Faculty Career Tracks for Part-time Faculty Members, 2012 (n=112)**

No. of Tracks	No. of Institutions with Tracks for Part-time Basic Science Faculty	No. of Institutions with Tracks for Part-time Clinical Faculty
0	22 (20%)	18 (16%)
1	46 (41%)	43 (38%)
2	30 (27%)	24 (21%)
3 or more	14 (13%)	27 (24%)
Total Institutions	112 (100%)*	112 (100%)

\* Percents do not add exactly to 100 due to rounding.

### Results:

Survey results revealed that definitions of part-time status differed markedly by institution: 45 percent of the institutions categorized part-time as less than 100 percent effort, 37 percent categorized part-time as falling somewhere between 50–90 percent effort, and the remaining institutions did not specify a full-time equivalent (FTE). While 45 percent of the institutions categorized part-time status as anything less than 100 percent (or 1.0 FTE), there also was variability in which faculty were eligible for benefits (e.g., some institutions specified that part-time status was anything less than 1.0 FTE, but benefits were only eligible to those with a 0.5 FTE or greater, while others noted that a part-time faculty member was eligible for benefits only if working above 0.75 FTE).

Slightly more than one-quarter of all the responding institutions had a written policy in place that articulated productivity and performance expectations for faculty who work part time (26 percent; 29/112 institutions). Respondents who elaborated on their survey responses with written comments noted that part-time faculty members were typically appointed in recognition of their performance in a specific function beneficial to the department and school of medicine, and

were reviewed annually when guidelines existed. Specific policy language often included a statement like: “Usually the same expectations exist [for a part-time faculty member] as do for full-time faculty members but on a pro-rated basis.” While only 29 of the 112 schools had written policies in place, numerous other schools reported similar expectations—though not explicitly written—around a “pro-rated basis by distribution of effort,” which is the same for full-time faculty members. Survey responses and open-ended comments suggested that many part-time assignments and expectations typically were negotiated on an individual basis between the faculty member and the specific department chair.

Over three-quarters of U.S. medical schools had defined faculty career tracks (e.g., clinical, research, or education<sup>7</sup>) for their part-time basic science and clinical faculty. Of the 112 institutions that responded to this survey, 80 percent had one or more career tracks in place for their part-time basic science faculty, and 84 percent of the institutions had one or more career tracks in place for their part-time clinical faculty (see Table).

### Discussion:

Part-time faculty members comprise an important part of the workforce. Institutions may benefit from articulated policies to create structure, consistency, and guidance for these appointments. These survey findings present a baseline of the personnel policies that U.S. medical schools have in place for their part-time faculty. They suggest that while most institutions have specific faculty tracks in place for these faculty members, institutional policies around productivity and performance expectations for part-time faculty work vary widely across institutions.

As the complexity of faculty careers has increased and part-time faculty appointments continue, U.S. medical schools may be well-served by

continuing to create and clarify the personnel policies needed to support part-time faculty members at the local level. Establishing a consistent definition of part-time work across all institutions may be difficult, in part, due to the difference in the definitions of part-time faculty status by institutions. Yet opportunities for the clarification of productivity and performance expectations for these faculty members by individual members by individual schools do exist, as illustrated by the slightly more than one-quarter of institutions that have them in place. These policies could benefit the part-time faculty member who may be seeking guidance and could benefit the institution by establishing a standard approach and procedure to guide these appointments. At a minimum, developing a standard process for objective and transparent consideration of the elements that impact decisions regarding part-time faculty appointments may be valuable for the faculty members, their department chairs, and the institutions.<sup>8</sup> With a baseline understanding of the policies in place for part-time faculty members, future research should examine reasons that more schools do not have policies in place, and the impact of policies for individual part-time faculty members (e.g., if they impact the retention, satisfaction, and academic advancement of these faculty).

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7 Coleman MM, Richard GV. Faculty career tracks at U.S. medical schools. *Acad Med.* 2011;86:932-937.

8 See, for example, the process guidelines adopted in November 2013 by the University of Massachusetts Medical School: <http://www.umassmed.edu/ofa/ACESloan/parttime.aspx>