Promotion and Tenure Policies for Medical School Faculty

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I. RESEARCH METHODOLOGY

Project Challenge:
In evaluating the processes through which tenure-track and non-tenure track medical school faculty members are promoted, a member institution approached the Council with the following questions:

- Do institutions with medical schools review tenure-track and non-tenure-track faculty for promotion or tenure through completely distinct processes?
- Do institutions with collective bargaining units review in-unit and non-unit faculty members for promotion or tenure through completely distinct processes?
- What is the composition of the tenure/promotion review committee? Are separate committees used to review tenure-track/non-tenure-track or in-unit/non-unit faculty?

Sources:
- The National Center for Education Statistics: www.nces.ed.gov
- The Carnegie Foundation for the Advancement of Teaching: http://carnegiefoundation.org/index.asp
- The Association of American Medical Colleges: www.aamc.org
- Institutions’ medical school promotion and tenure policies, accessed through university Web sites

Parameters:
Per the requesting institutions’ parameters, outreach was targeted to four-year universities with medical schools, with a particular focus on institutions with unionized faculty. Contacts generally worked within the medical schools’ offices of faculty affairs.
## I. RESEARCH METHODOLOGY

### A Guide to Institutions Profiled in this Brief

<table>
<thead>
<tr>
<th>Institution</th>
<th>Region</th>
<th>Approximate Medical School Enrollment, 2008</th>
<th>Carnegie Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>University A</td>
<td>South</td>
<td>N/A</td>
<td>Research University (High research activity)</td>
</tr>
<tr>
<td>University B</td>
<td>Midwest</td>
<td>900</td>
<td>Research University (Very high research activity)</td>
</tr>
<tr>
<td>University C</td>
<td>Mid-Atlantic</td>
<td>670</td>
<td>Special Focus Institution (Medical schools and medical universities)</td>
</tr>
<tr>
<td>University D</td>
<td>South</td>
<td>580</td>
<td>Special Focus Institution (Medical schools and medical universities)</td>
</tr>
<tr>
<td>University E</td>
<td>West</td>
<td>660</td>
<td>Research University (Very high research activity)</td>
</tr>
<tr>
<td>University F</td>
<td>South</td>
<td>620</td>
<td>Research University (High research activity)</td>
</tr>
<tr>
<td>University G</td>
<td>Mid-Atlantic</td>
<td>670</td>
<td>Research University (Very high research activity)</td>
</tr>
<tr>
<td>University H</td>
<td>Northeast</td>
<td>470</td>
<td>Research University (High research activity)</td>
</tr>
<tr>
<td>University I</td>
<td>Midwest</td>
<td>1,230</td>
<td>Research University (Very high research activity)</td>
</tr>
</tbody>
</table>

*Research note:* Because University A’s College of Medicine was established in 2006, administrators at the school are also in the process of establishing promotion and tenure policies for clinical, in-unit, and non-unit faculty.
II. EXECUTIVE OVERVIEW

Key Observations:

- Most contact medical schools direct all faculty members—regardless of their practice area, tenure eligibility, or union status—through a single process for promotion and tenure review. Contacts report that this practice streamlines processes and alleviates what could be perceived as a hierarchical culture among tenure-track and non-tenure-track faculty.

- While a majority of medical schools require that tenure-track faculty members who do not achieve tenure within a designated timeline leave their posts within one year, three institutions allow these faculty members to stay on staff, and instead move them to a non-tenure track. Contacts note that this policy permits the medical school to retain valuable clinical specialists.

- Recognizing that mounting patient-care responsibilities may hinder clinically-focused tenure-track faculty from achieving tenure within a designated timeline (typically seven years), two contact institutions have lengthened tenure review timelines for these faculty members.

- A majority of contact medical schools have established a single committee to review all promotion and tenure nominations. Generally, administrators aim to fill committee seats with faculty members who are representative of the entire medical school (including tenure-track and non-tenure track, as well as clinical- and research-focused faculty members).

- With regard to unionized faculty, contacts at institutions where faculty are represented by collective bargaining units report that, at most, promotion and tenure policies should be reviewed and approved by the bargaining unit. Contacts at institutions with unionized faculty report that collective bargaining units have relatively little influence on medical school promotion and tenure policies, in part because units do not have a strong presence in the medical school.

- At institutions where general faculty are unionized, but medical school faculty are not (University A and University H) faculty members who have transferred to the medical school from a unionized department have ceded union representation.
Defining Tenure Eligibility

At four contact medical schools—University B, University C, University D, and University H—both faculty members whose primary focus is research and those with a principal charge of patient care are granted tenure through a single tenure track process. Regardless of their area of focus, these tenure-eligible faculty members must complete a designated body of scholarship and service to the institution in order to earn tenure. Furthermore, most clinically-focused faculty members at these institutions are not tenure-eligible, and therefore not required to produce a substantial amount of scholarship.

Three contact medical schools—University D, University E, and University G—determine tenure eligibility according to the amount of time a clinician or researcher devotes to service to the medical school. For example, at University E’s School of Medicine, only those clinical faculty who are employed full-time by the medical school are eligible for tenure; similarly, only faculty members who dedicate 75% of their time or more to the medical school (rather than in private practice) are eligible for tenure at University D. Meanwhile, University G’s School of Medicine’s promotion and tenure policy prohibits faculty who devote 75% to 80% of their time to patient care from gaining tenure.

Promotion and Tenure Processes for Non-Tenure-Track vs. Tenure-Track Faculty

As mentioned above, most contact medical schools have structured promotion and tenure policies to drive all tenure-eligible faculty members—regardless of their area of focus and tenure eligibility status—through a single review process. Tenure and promotion processes for tenure-eligible vs. non-tenure-track faculty varied across contact institutions in two primary ways: probationary timeline and composition of review committee. Details on these two factors are outlined below.

Timelines for Tenure or Promotion

Most contact medical centers have not set rigid timelines for promotion of non-tenure-track faculty members; however, contacts suggest that non-tenure track faculty should be in-seat for at least three to seven years before successfully applying for promotion. One exception to this rule is University C, which reviews all non-tenure-track faculty for promotion after seven years.

For tenure-track faculty, a majority of contact medical centers have established a seven-year tenure timeline, with reviews beginning at the end of a faculty member’s sixth year in seat. However, recognizing that mounting patient-care responsibilities may hinder clinically-focused tenure-track faculty from achieving tenure within a seven-year timeline, the medical schools at two institutions—University B and University G—have lengthened tenure review timelines for these faculty members. The administration at University H is also considering implementing a similar change.
III. POLICIES AND PROCEDURES ACROSS INSTITUTIONS

Select Contact Institutions Experiment with Expanded Probation in Light of Clinical Pressures

Timelines currently under scrutiny: “With new clinical pressures, the tenure review timeline for clinically-focused faculty is not always realistic. We are looking at expanding this beyond the traditional seven years.”
—Council Interview

Jumping the Track: Examining the ‘Up or Out’ Rule While Considering Medical Center Needs

Although a majority of contact institutions employ a seven-year “up or out” policy for tenure-track faculty—whereby faculty who are denied tenure in their seventh year are asked to resign by the end of their eighth year—three institutions’ medical schools are flexible in this area. Specifically, administrators at University C, University G, and University H acknowledge that medical school needs may overrule tenure-track policies. In some cases, these medical schools will retain highly-skilled, in-demand specialists (e.g., neurosurgeons) who do not earn tenure by moving them to a non-tenure clinical track.
III. POLICIES AND PROCEDURES ACROSS INSTITUTIONS

Review Committees: Size, Structure, and Composition

All contact medical schools, with the exception of University G, review all tenure and promotion candidates through a single committee. Several contacts note that this committee should comprise members who are representative of the entire faculty—including those who are tenured, tenure-track, non-tenure-track, clinical, and research-focused—to ensure equity. Alternatively, University G’s School of Medicine has split promotion and tenure review responsibilities into two committees, each comprising non-tenure-track and tenure-track faculty, respectively, to ensure that candidates are reviewed only by peers.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Committee Composition</th>
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</table>
| University B | • 18 tenured members  
• 6 non-tenure-track (with clinical emphasis) |
| University C | • 17 members, all tenured full professors |
| University D | • 80% of members are tenured  
• 60% are full professors  
• Membership is equally balanced between faculty with clinical and research emphases |
| University E | • 10 members have clinical focus  
• 5 have research focus  
• 7 must be tenured |
| University F | • 8 tenure-track  
• 4 non-tenure-track |
| University H | • 7 members  
• No “perfect ratio” for representation, but members include part-time and full-time clinical faculty, research-focused and tenured faculty |
| University I | • 5 tenure-track research faculty  
• 5 tenure-track clinical faculty  
• 5 non-tenure-track clinical faculty |
| University G | Promotion committee  
• 24 members, including tenure- and non-tenure track  
• Mostly comprising clinicians (MDs)  
Tenure committee  
• 20 members, all must be tenured  
• Mostly comprising research faculty (PhDs) |

Notably, three contact medical schools—University B, University D, and University G—have implemented policies that limit the number of committee members who can vote on promotion or tenure decisions. At each of these institutions, candidates are reviewed by the entire committee, but can only be voted for or against by faculty members who are at or above the position that the candidate aspires to. For example, only full professors can vote during decisions to grant full professorship.
Managing Promotion and Tenure Practices in a Unionized Environment

At five institutions—University A, University C, University D, University H, and University I—faculty are unionized. Across contact institutions, collective bargaining units tend to be relatively distant from the college of medicine, having little influence over faculty promotion and tenure policies. As a result, in-unit medical school faculty members are reviewed through the same process as non-unit faculty. At most, contacts suggest that changes to promotion and tenure policies should be reviewed and approved by the faculty union. The relationship between contact medical schools and collective bargaining units across contact institutions is detailed in the chart below.

<table>
<thead>
<tr>
<th>Institution</th>
<th>Relationship with Faculty Union</th>
</tr>
</thead>
<tbody>
<tr>
<td>University A</td>
<td>Faculty across the institution is unionized; medical school faculty is not</td>
</tr>
<tr>
<td>University C</td>
<td>All faculty across the broader system are represented by the same collective bargaining unit</td>
</tr>
<tr>
<td>University D</td>
<td>Faculty is unionized; however, contacts note that union does not have a strong presence in the medical school, as faculty are not required to join</td>
</tr>
<tr>
<td>University H</td>
<td>Faculty across the institution is unionized; however, medical school faculty is not</td>
</tr>
<tr>
<td>University I</td>
<td>Faculty across the institution are unionized; medical school faculty are not required to join unit, but are required to pay union dues</td>
</tr>
</tbody>
</table>

In Practice: Setting Clear Expectations Regarding Union Membership

Policies at University A and University H prohibit medical faculty from joining the broader institution-wide faculty collective bargaining unit. Acknowledging that this policy could be confusing, particularly when faculty members move from union-represented academic units (e.g., the College of Arts and Sciences) to the medical school, administrators set clear expectations for faculty who are considering moving into the medical school. For example, faculty at University A relinquish all union representation when moving to the medical school; administrators here note that they are still in negotiations with union leaders regarding faculty who are jointly appointed to the medical school and another union-represented department. Meanwhile, when the entire biomedical research department at University H transferred from the College of Arts and Sciences to the School of Medicine, faculty in the department were asked to vote as a unit on whether to cede union representation. (The department eventually resolved to split from the union.)
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