Indiana University School of Medicine
Responses to Commonly Asked Questions about Proposal to Extend Tenure Clock

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Who is in support of the extension?

In the fall of 2007 the School of Medicine Basic Science Council proposed that the length of the tenure clock be changed from 7 to 10 years, with tenure still granted to faculty members who warrant it at the 7 year mark, but providing all tenure-eligible faculty members with a maximum 10 year probationary period. This proposal was unanimously endorsed by the IUSM Executive Committee in December 2007 and subsequently by the IUSM Women's Advisory Council. In February of 2009, a vote of all tenure-track and tenure faculty was taken as part of the electronic faculty elections ballot. Only tenure track faculty were allowed to vote on this particular issue, the votes were counted by ISTM staff, and the results were given to the Faculty Steering Committee. Of a possible 640 tenure track faculty roster, 224 responded (35% response rate). Of the 224, 54 (24%) were assistant professors, 57 (25%) were associate professors, and 113 (50%) were professors. Females comprised 28% of the respondents (63). The following results were found when analyzed by demographic category:

DEMOGRAPHIC CATEGORY	% VOTED YES
BY RANK: Assistant	93%
Associate	81%
Professor	82%
BY TENURE STATUS: Probationary	92%
Tenured	82%
BY GENDER: Females	87%
Males	84%
BY GENDER AND TENURE STATUS: Women, Probationary	96%
Women, Tenured	83%
Men, Probationary	90%
Men, Tenured	82%
BY RACE/ETHNICITY: Caucasian	88%
Asian	79%
Under-represented Minority	77%
BY RACE/ETHNICITY AND TENURE STATUS: Caucasian, Probationary	95%
Caucasian, Tenured	85%
Asian, Probationary	92%
Asian, Tenured	69%
Under-represented Minority, Probationary	80%
Under-represented Minority, Tenured	75%

Are medical schools really different then other schools/disciplines?

Three major and interrelated systems comprise the enterprise of academic medicine: medical schools, teaching hospitals, and faculty practice organizations (which handle patient care operations such as billing, collecting, and distributing professional fee income). To teach learners the practice of clinical medicine, medical schools must be engaged in the health care system. Revenues generated through practice plans support not only faculty salaries, but also the general teaching and research activities of the medical school (Association of American Medical Colleges, 2008). These complex, interwoven systems create a distinctly different faculty experience in academic medicine and a vastly different culture than that found in other units within the university. Because of the unique context of academic medicine, faculty in the medical school tend

to view a shorter tenure clock as a threat to the sanctity of tenure, while faculty in other units of the university tend to have the opposite view.
One major way that this difference impacts the IUSM is in the issue of funding and state support. Due to decreased state support, the IUSM must increasingly rely on clinical revenues to support its operating budget. For example, in fiscal year 2006, 45% of the IUSM annual operating revenues were from faculty practice plan income and only 5% of the revenue came from state appropriations. Further, in 2006, IUSM paid $52.0 million in mandatory assessments to the university.

These complexities do make the faculty experience distinctly different from faculty in other units of the university. This has been acknowledged by the AAUP itself*: "In contrast to the academic faculty of the sort envisioned by the [1940s statement], academic physicians deal directly with the general public (patients) in an income-producing environment. Their relationship to the institution with which they are affiliated is therefore fundamentally unlike that of the full-time teachers and investigators who are described in the statement*" (AAUP, 1999, p. 121).

After acknowledging these differences, the AAUP offers the suggestion that medical schools increase the number of non-tenure track clinical faculty, and should not consider extending the tenure clock until a number of conditions are met: In a recent article in *Academe*, Andrews (2009) noted that advocates of extending the probationary period should consider whether more fundamental conditions that underlie the seven-year limit have been met. These include having 1) a selective recruitment process, 2) appropriate standards for achieving tenure, 3) appropriate reviews to assist probationary faculty, 4) institutional support for probationary faculty, and 5) working conditions that encourage faculty to actively pursue an academic career. There is little question that IUSM is on the forefront in meeting these conditions. For example, detailed standards for tenure developed by an IUSM task force are readily available, online modules regarding the promotion and tenure process are available, a school-wide mentoring task force is currently investigating how to improve mentoring for faculty at all career stages, bridge funding is available at the departmental level to support research faculty between grants, IUSM worked to advance the conversation and proposal for benefits for part-time faculty in the Indiana University system, and a comprehensive faculty development office provides high levels of support to all faculty and works diligently to ensure that IUSM is an environment where each faculty member can reach their full potential. Additional information about the faculty development office is described elsewhere in this document and is available at http://faculty.medicine.iu.edu/

What is the meaning of tenure in academic medicine?
Bunton and Mallon (2007) reported that 38% of medical schools offered no financial guarantee for tenured clinical faculty and 35% offered no financial guarantee for tenured basic-science faculty. Therefore in academic medicine, tenure guarantees a position but a much smaller portion of one's salary. Despite this, tenure is still valued in schools of medicine. At IUSM, tenure provides faculty with an opportunity to engage fully in school and university governance, be eligible for a wider-range of external funds, and hold positions of leadership such as department chair and higher. Additionally, as is the case in all disciplines, tenure is a significant mark of achievement over one's career.

Won't this erode academic freedom?
As stated by the AAUP in their 1999 statement *Academic Freedom in the Medical School,* "The modern medical school has many of the attributes of a complex, market-driven healthcare system with professors often acting as entrepreneurs in research and in patient care. It is marked by conflicting roles and responsibilities, both academic and nonacademic, for faculty members and administrators alike." The statement is followed by several paragraphs where a more complete picture of the realities of academic medicine is shared and of course, the issues outlined by the AAUP have only intensified in the last 10 years. Despite the complexity of the situation, the authors of the AUUP statement conclude that medical schools must be diligent in insuring the freedom of faculty to 1) inquire and publish, 2) teach and 3) question and criticize.

IUSM agrees that we must be diligent in protecting these freedoms, which are core values of higher education and medical advancement. We believe this is best done up front, when recruiting faculty to join IUSM. That is, in order to ensure that faculty can be fully supported to pursue their interests in the classroom, clinic, or lab, we take great care in selecting faculty who will be in a position to thrive and pursue their interests within the context of IUSM. When we do this at the time of recruitment, it ensures that a faculty member is coming to a place where their research, ideas, background and experience are valued. Our investment in new faculty is demonstrated by the major expenditures in start-up costs for new faculty (the national average for a PhD or MD/PhD is $800,000, NIH 2009). An investment of that kind is a statement that we want them to be successful and expect them to pursue their own interests that advance their work, field, and our society. Further at IUSM, like in other professional schools, the combination of experience, expertise and competence (regardless of tenure status) is the single greatest determinant of a faculty member's academic freedom, allowing them to "advance the common good, which is dependent on the free search for truth and its free expression" (AAUP, 1999).

How will you protect the tenure, something which is fundamental to the success of university life?
Given the demands faced by clinicians in the current model, allowing only seven years to reach national or international recognition while carrying major clinic responsibilities is difficult and in many cases impossible. As recommended by the AAUP, the alternative to extending the tenure clock is to increase the number of faculty hired in the clinical non-tenure track. However, the unintended consequence of this approach is an undesirable ratio of tenure to clinical track faculty, which has been argued to infringe on governance and academic freedom. We are faced with a dilemma: the choice between increasing the percent of clinical faculty (prohibited by university policy) or extending the clock to allow for a more reasonable amount of time for a faculty member to gain a national and/or international reputation. The latter would help us preserve tenure and thus academic freedom and faculty governance.

As noted by a senior research analyst from the AAMC, "the tenure system is not in danger of disappearance. Since at least 1994, when AAMC began its surveys, no medical school has totally abandoned tenure. Only a few limit it to basic-science faculty…I think it's really difficult to conclude that tenure is in jeopardy…It's just that tenure, and its role at institutions, is changing." (Wald, 2009)

The extension of tenure is extreme and there are lots of other things you can do to support faculty. How is the school supporting faculty?
We want our faculty to succeed. In fact, each year IUSM invests just over a million dollars a year of the dean's budget on faculty development because we see faculty as our most important resource. The IUSM has a comprehensive strategic plan (http://faculty.medicine.iu.edu/docs/stratPlan.pdf) to maximize faculty talent and support faculty success, including programming at the level of faculty members at all career stages, as well as mechanisms to assist department chairs with their role in recruiting, retaining, and advancing their faculty. Our work is based on thorough assessments of faculty needs, which involves faculty surveys, focus groups, and interviews with chairs. The faculty and leadership thus have many avenues to give voice to both their areas of satisfaction and barriers to their satisfaction, engagement, and productivity. The length of the tenure clock is one such issue that is consistently identified as a barrier through these communication channels. Without successful and satisfied faculty, we cannot achieve our goal of being a world premier medical school.

Our recent survey of faculty vitality included questions related to five subscales measuring faculty perceptions in the areas of institutional support, individual responsibility, leadership, satisfaction and engagement. This data provides great insight in how to improve the conditions so IUSM faculty can be successful. Results from the recent survey include the fact that:

- 78% of IUSM faculty agreed or strongly agreed that they were satisfied with their career
- Over half (55%) of faculty indicated that they were satisfied with the promotion and tenure process
- Over half (55%) of the faculty reported that they were engaged in faculty development and two-thirds (66%) reported opportunities for mentoring.

IUSM takes the success of faculty seriously. Each chair is provided a report comparing the results of their survey to the overall school results as well as to similar departments. The results of the survey also help to refine or redirect the faculty development efforts in the dean's office.

What problem is this addressing?

Medical schools are recognizing that the increasing research and funding pressures of a traditional tenure-track pathway are unrealistic in the face of decreased funding levels, increased patient care, teaching responsibilities, or--for some--family responsibilities outside of work (Wald, 2009). Simply put, we are constrained by the current pathway, which was developed in 1940 for very different faculty at very different schools in very different times. Without a change, IUSM will continue to see increases in clinical track faculty and be unable to recruit some of the best and brightest faculty who can work at other top medical schools that have more flexible tenure policies, which are viewed in academic medicine as faculty friendly.

Many national trends are impacting the recruitment and retention patterns of academic medicine faculty. These include the following:

- The probability of a research proposal being funded by the National Institutes of Health has dropped from 32% in 1999, to as low as 10-12% for some Institutes today (National Institutes of Health, 2009). Many faculty consider it to be exceedingly difficult, if not impossible, to earn an emerging national reputation based on research with a dossier developed in the fifth year. During this 5-year period, it's likely that a faculty member would have only received their first grant award. Thus, new biomedical PhD graduates are increasingly choosing jobs in industry where they are not faced with the same pressure to achieve independent funding in a highly competitive grants environment under a ticking tenure clock.

- The increased competitiveness can be even more problematic for physician faculty who receive little preparation throughout their professional training for a research career. A qualitative study revealed that one of the greatest barriers on the tenure track for physicians was lack of preparation to be a researcher (Waltman & August, 2008). That is, participants reported that they did not have the kind of training in their pre-med, medical school, residency, and fellowship training that would have prepared them to be researchers. They lagged significantly behind those faculty colleagues who had far greater preparation through post-docs and research fellowships, opportunities that, in effect, lengthen the tenure clock and ensure that faculty can "hit the ground running." The wide variability across disciplines for such post-doc and research training opportunities is especially problematic when the probationary period is short and relatively inflexible.

A significant number of IUSM faculty have switched from the tenure track to non-tenure tracks after their 3rd year reviews. Consider 10 years of data while noting that this only captures those faculty who switched at or after the 3rd year review and not those who switched prior to the 3rd year review:

Year	Number (%) of Faculty who Switched to Non-Tenure Track	Total Number of Faculty Reviewed for 3rd Year Review
2005	6 (14%)	44
2004	6 (16%)	37
2003	2 (12.5%)	16
2002	4 (17%)	23
2001	2 (12%)	17
2000	4 (14%)	28
1999	6 (21%)	28
1998	2 (33%)	6
1997	2 (8%)	25
1996	4 (15%)	27
1995	3 (11%)	28

- A study of the top 25 medical schools in the U.S. shows that, of the 24 schools that have a tenure system, only 3 of them have the traditional 7 year clock for both their clinical and basic science faculty. With only 125 allopathic medical schools in the U.S., recruitment for the best faculty is highly competitive. Faculty on the job market today tend to seek greater flexibility in faculty policies, particularly dual career couples, women, and under-represented minority faculty (American Council on Education, 2005; Bickel & Brown, 2005; Handelsman, et al., 2005; Schiebinger, Henderson, & Gilmartin, 2008).

As a result of these trends, there is great support, nationally and locally from both institutional leadership as well as faculty members themselves, for lengthening the tenure clock as a key mechanism to both improve the recruitment and retention of excellent faculty and to support the promise of tenure.

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