Understanding Tenure
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BACKGROUND AND OBJECTIVES: Tenure has been the dominant influence on systems of academic promotion and remains important in medical schools, despite the growing prevalence of non-tenure academic tracks. Although the number of clinician faculty members currently choosing tenure track has dropped dramatically, tenure may be an appropriate career path for individuals, and understanding tenure can help all faculty members navigate promotion systems. National trends show medical schools making modest adjustments to allow greater flexibility in tenure policies especially concerning the probationary period and the availability of tenure for part-time faculty members. Nevertheless, tenure regulations remain highly structured and inflexible. Achieving tenure requires careful planning, monitoring of progress, and optimizing resources, both within the home academic department and elsewhere. Once achieved, tenure guarantees a faculty position but does not guarantee resources, specific roles, or responsibilities and may not guarantee salary. Tenured faculty members can only be dismissed for serious specific reasons and after implementation of a strictly-defined process.

Tenure is available to clinical faculty members at over 85% of US medical schools and remains ingrained in medical school culture.1 Tenure concepts and practices have shaped academic promotion systems and influenced the perspectives of faculty members and academic leaders. Although only approximately 30% of full-time physician faculty members are currently tenured or tenure eligible, all faculty members should understand the basic concepts of tenure in order to navigate academic promotion systems and participate in initiatives to change these systems in medical schools.3,4 Unfortunately, misconceptions about tenure are common, especially among junior clinical faculty members.3,4 This situation is exacerbated by the many controversies concerning tenure over recent decades.5,6 Medical schools have unique issues and have often found themselves at the center of bitter tenure controversies and lawsuits.7,8 The key tenure issues and trends for US medical schools have been documented in a series of articles by the Association of American Medical Colleges (AAMC).10-15 This article reviews core features of tenure in medical schools, discusses current trends and controversies, and suggests strategies to optimize success in achieving tenure and other academic promotion.

Definitions: What Tenure Is and Is Not
Tenure, accurately and unequivocally defined, lays no claim whatever to a guarantee of lifetime employment. Rather, tenure provides only that no person continuously retained as a full-time faculty member beyond a specified lengthy period of probationary service may thereafter be dismissed without adequate cause.16

Contrary to popular belief, tenure is not a guarantee of a “job for life.” Tenure is basically an employment contract that can only be terminated under certain conditions. Because tenure represents a significant commitment by both institution and individual faculty member, it is neither awarded nor terminated lightly. The literature stresses the importance of clear criteria and transparent, well-documented processes for the award and termination of tenure.

Each medical school has its own definition of tenure, but most are based on principles established by the American Association of University Professors (AAUP) in 1940 and subsequently revised.17 The AAUP publishes annually updated recommendations for regulations and practices concerning tenure.18 The Association also actively monitors legal developments and reports on tenure-related controversies and disputes concerning individuals and/or institutions.19

The key components of the AAUP tenure definition are (1) a legally-enforceable contract with no specified end date (“indefinite term”), (2)
awarded following a defined process including a specified probationary period, (3) terminated only for a specified cause and after following an established procedure.20

The core purpose of tenure is to protect the academic freedom of faculty members, but many influences have shaped current tenure practices. A fascinating historical and legal summary of tenure in medical schools was published in 2000.20

The Tenure Contract
In contrast to academic appointments that must be renewed on a regular basis (“fixed term”), the tenure contract is for a continuing appointment provided no cause for termination intervenes. The guarantee is of membership of the faculty—importantly, it is not a guarantee of any specific academic appointment, access to resources (such as clinics or laboratories), or salary. Tenured faculty members can be reassigned in titles or roles, asked to change specific responsibilities, denied resources, and may not have any guarantee of salary.20,22

For clinical faculty members, the financial aspects of tenure are particularly problematic and have been the subject of several conferences, articles, and a dedicated issue of Academe, the bulletin of the AAUP (November-December 1999). The most recent AAMC survey (published in 2010) reported that 41% of tenure-granting medical schools offered no financial guarantee for tenured clinicians. Of the remaining schools, the vast majority guaranteed some form of defined base salary. Only three schools guaranteed total institutional salary to tenured clinicians.21 Courts have consistently ruled against tenured faculty members who have sued over salary reductions, changes in assignments, allocation of resources, or requirements to generate income from grants or patient revenues.20,22

The Process to Award Tenure
Each medical school establishes the criteria and process for award of tenure based on those of the parent university. These are defined and described in documents such as the faculty handbook and governing documents (by laws, charter, statutes, policies, regulations, etc.).20 Traditionally, tenure was awarded only to full-time faculty members after a probationary period of about 7 years. The award is often linked to promotion to associate professor, meaning the faculty member has to meet all the criteria established by the medical school for both this promotion and award of tenure within the established number of years of starting on the tenure track. Faculty members transferring from other institutions may be able to negotiate “credited years” that shorten the time to tenure in the new institution. Similarly, if a school permits transfer from a non-tenure to a tenure track, the probationary period and any credited years must be individually negotiated.

Currently, about one third of US medical schools allow faculty members working less than full time to be tenure eligible, and some schools have adjusted the duration and regulations governing the probationary period.14,15 About half of medical schools with a fixed probationary period now allow 8 years or longer.1,15 In addition, about three quarters of US schools have introduced policies to stop the tenure clock in order to provide longer probationary periods and greater flexibility for faculty members coping with personal or family challenges. Studies indicate that very few faculty members take advantage of these policies.15,23 Around 75% of medical schools that have clock-stopping policies report zero to five faculty members using them per year.13 Despite these trends, time and deadlines remain crucial for tenure-track faculty members. Many medical schools also have regulations requiring a mid-course review half way through the probationary period.

Each medical school establishes its own criteria and system for the award of tenure. In recent years, important national trends have been attempts to incorporate recognition of interdisciplinary or collaborative activities, particularly in research, and expanded definitions of scholarship.24 The system to award tenure usually incorporates both a peer-review committee process and executive decisions by senior administrators. The most powerful factors in the decision depend on the policies of each medical school and its parent university. In some systems, departmental or medical school committees play dominant roles, whereas in others these committees are advisory to decision-making individuals (usually deans or senior administrators) or university committees.

Universities take awarding tenure very seriously and usually have inflexible regulations governing the application process. Applicants must present the necessary documentation in required formats and follow strict timelines. Academic promotion and tenure decisions usually take several months to complete, and applicants receive little feedback because of the strict requirements for confidentiality. If tenure is not awarded, the faculty member may have very limited options, and these are strictly defined by school policy. Some schools permit transfer to another track, but others have “up or out” policies that require leaving the institution if tenure is not awarded. Of the 88 schools responding to a 2012 AAMC survey, 40% reported policies requiring a clinical faculty member who does not achieve tenure to be terminated or given a terminal contract, and only eight schools reported the ability to continue on a renewable basis with potential reevaluation for tenure.24

Terminating Tenure
Tenure may be terminated by either the faculty member or the institution. In either case, the institutional
policies and procedures must be strictly followed and documented.

Each institution defines policies and process for a faculty member to request termination of tenure or transfer from a tenure track to an alternative track within the institution. The track transfer policies may be “one time,” ie, prohibit any future return to tenure track. Faculty members resign tenure on leaving an institution, but tenure status at a new institution must be individually negotiated. Schools may be reluctant to award immediate tenure to an incoming faculty member or may have policies prohibiting immediate tenure for new faculty members.

An institution can only terminate tenure for specific reasons and by following clearly defined procedures. Working within the regulations set by the parent university, each medical school defines these causes and lays out the procedures to be followed in policy documents and the faculty handbook.

Traditionally, reasons for termination have been categorized as “for cause” and “not for cause.” Terminations “for cause” relate to serious issues in performance of academic duties. The longstanding definition on which most schools base policies requires evidence of: demonstrated incompetence or dishonesty in teaching or research, substantial and manifest neglect of duty, and personal conduct that substantially impairs the individual’s fulfillment of his/her institutional responsibilities.

Causes for termination of tenure require such serious neglect or misconduct in core responsibilities that the faculty member is basically being removed from the academic community. The policies and procedures attempt to balance the rights of individual faculty members with the establishment of standards. Most schools and universities follow AAUP policy that the criteria and procedures for terminating appointments must be developed through faculty governance and not imposed unilaterally by administration. The procedures for termination of tenure are detailed by each school in policies and documents such as the faculty handbook. Procedures generally include at least one review by a committee of peers as well as safeguards concerning clarification of the grounds for the proposed termination (usually in writing), rights to representation, and arrangements to challenge the evidence or present rebuttal witnesses.

“Not for cause” reasons for terminating tenure are less common but even more controversial as they are unrelated to the personal performance of the faculty member. The AAUP policies recognize that this may be necessary in three circumstances—“financial exigency,” program discontinuation, or institutional merger or affiliation. The AAUP and related writings stress that terminating tenured faculty appointments is an extreme measure, appropriate only for defined “survival-threatening crisis” or “imminent institutional peril” situations in which the institution has no alternative options. Courts have not always accepted this interpretation and have upheld “not for cause” dismissals where the institutional situation was not dire. The literature stresses the need for good faith consultation, exploration of alternatives, due notice, observation of severance regulations, and attempts to reallocate faculty members in all potential dismissals of tenured faculty members. “Not for cause” termination is a highly controversial area that is likely to attract much more expert opinion and case law as medical schools continue to change and evolve complex relationships with other clinical and academic institutions.

Achieving Tenure

At most US medical schools, faculty members may select from several academic tracks, including both tenure and non-tenure options. The selection of track is crucial to the development of an academic career as each track has different criteria and expectations for promotion. As shown in Table 1, an estimated 10% of full-time family medicine faculty members of those US schools that offer tenure to clinical faculty members are currently tenured with an additional 10% reported on tenure track (Personal communication, AAMC, 2014). Tenure may be the best choice of academic track for individuals who can meet the requirements in the broad range of academic activities expected (generally in teaching, scholarship, and service with possibly added areas). Tenure track may also be selected because schools have overt or unwritten expectations that leadership positions or membership of specific faculty committees require tenured status. Conversely, individual faculty members may believe that achieving tenure enhances personal academic credibility and benefits the status of departments or the specialty.

Whatever the motivation, the decision to undertake a tenure-track appointment requires full understanding of the definition, policies, and procedures regarding tenure in the specific medical school as well as extensive consultation with the department chair and others. Advancement on the track requires planning and regular monitoring to ensure that appropriate activities are undertaken and achievements documented (Table 2).

In general, tenure tracks expect participation in the full range of academic activities, ie, education, research/scholarship, and professional service plus any other school-specific area. As described above, the process to achieve tenure is governed by stringent regulations about the expectations and timeline for academic promotion. Paradoxically, the actual criteria for award of tenure
can appear vague. Regulations and guidelines usually describe requirements for “excellence” in the domains of research/scholarship, education, and service, but what constitutes evidence of “excellence” can be difficult to determine and even more difficult to measure and document. In particular, the meaning of “scholarship” varies significantly between schools. Some schools focus on traditional research whereas others use a Boyer-type model that defines scholarship more broadly.26,27 The September 2000 issue of Academic Medicine was devoted to the controversies concerning the meaning of scholarship and the implications for academic promotion.

In addition to being thoroughly familiar with the published regulations and expectations for promotion and award of tenure, faculty members should seek out mentors who are knowledgeable about how these are applied in the medical school. The regulations and guidelines for applicants are unlikely to stipulate measures such as numbers of papers published, grants awarded, or classes taught to qualify for tenure, but the decision-makers in each school are likely to have developed a general level of expectations for both quantity and quality of appropriate academic achievements for tenure. Quality often incorporates the prestige of the journal, conference, or grant funder. These “unwritten expectations” may be unfamiliar to clinical faculty members, and as the review process always includes faculty members from multiple disciplines, it is advisable to seek advice from knowledgeable colleagues.

Table 1: Full-Time Faculty by Tenure Status in Family Medicine at All US Medical Schools, January 31, 2014 AAMC Faculty Roster Snapshot, February 27, 2014

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<thead>
<tr>
<th>Tenure Status</th>
<th>Full-Time Faculty</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>Tenured</td>
<td>431</td>
</tr>
<tr>
<td>On track</td>
<td>493</td>
</tr>
<tr>
<td>Not on track</td>
<td>3,566</td>
</tr>
<tr>
<td>Tenure not available</td>
<td>400</td>
</tr>
<tr>
<td>Missing tenure status</td>
<td>337</td>
</tr>
<tr>
<td>Total</td>
<td>5,227</td>
</tr>
</tbody>
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Table 2: Key Issues in Achieving Tenure

- Explore all available academic tracks before deciding tenure is appropriate for you.
- Fully understand the requirements and expectations for award of tenure in your school.
- Verify the tenure-clock requirements. Know the exact dates for your mid-cycle and compulsory review.
- Ensure you can meet all your work responsibilities AND complete tenure requirements on time.
- Consult your department chair and others before deciding on tenure track.
- Ensure regular and robust reviews of your progress.
- Use mentors/advisors who really know the school’s promotion and tenure system: seek advisors from other departments and other schools.
- Prioritize activities that are expected/required for tenure especially in education and scholarship.
- Be selective in undertaking service activities, especially committees and administrative work.
- Seek/create opportunities to add high-value items to CV, eg, collaborating in projects, receiving grants, publishing articles and book chapters, presenting to outside groups, participating in regional/national professional activities.
- Keep good records in the format required for the tenure system, including all teaching activities.
- Obtain and keep qualitative data such as evaluations by learners: seek peer evaluations.
- Use the resources of your department, school (faculty affairs office), national specialty organizations.
- Know your options: be prepared to change track if appropriate, but verify the regulations for change.
- Stay informed of changes in regulations, academic tracks, expectations for tenure, formats, or dates for applications.
- Once you achieve tenure, help other faculty members with the process.
in different departments. Clinicians may find assistance from senior colleagues in basic science departments particularly illuminating. Using feedback from a carefully selected group of experienced faculty members can help prepare an application package that is persuasive for reviewers regardless of discipline or professional background. These advisers may also help ensure the application materials are complete and correct. Many medical schools also offer technical assistance in preparing applications, eg, through faculty affairs or faculty development offices. Institutions regularly update the required materials or change deadlines—it is important to prepare applications using the appropriate current formats and schedules and to take advantage of any technical assistance available.

Finally, award of tenure requires letters from peers in other institutions giving opinions about the suitability of the applicant for the award of tenure. A medical school may allow such letters to be provided by colleagues within the same school, but the most influential letters are provided by senior faculty members at other medical schools. Even early in the career, faculty members should cultivate potential referees through national conferences, speciality societies, and other contacts. Referees may not have to know the applicant well on a personal basis, indeed some schools require that the referee does not have any personal connection to the applicant, but the referee should be qualified to review his/her documentation of achievements and make a recommendation about the application for award or tenure and/or academic promotion.

Overall, the requirements for tenure are intended to be challenging yet achievable by the faculty member who aspires to be a significant contributor and leader within the medical school and to build a national reputation in his/her area of expertise. Key factors in success are listed in Table 2.

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References

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