# Promotion and Tenure in Family Practice in US Medical Schools

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Academic development is recognized as a necessary requirement in family medicine and can be measured in part by assessing the experience with the promotions and tenure process in university departments. In this study a questionnaire was distributed to the chairmen of departments of family practice with direct medical school affiliations. The chairmen were asked to describe the current rank profile of the faculty in their departments and their perception of the importance of various criteria on promotion and tenure decisions at their school. The departments averaged 1.8 full professors (72 percent tenured), 3.0 associate professors (40 percent tenured), 6.1 assistant professors (5 percent tenured), and 1.5 instructors (none tenured). Research quality and quantity were considered the most important positive influences on promotions and tenure decisions. Teaching skills were slightly less important, and patient care and administrative skills were not important influences. This project demonstrates that (1) family practice faculties are relatively underdeveloped with respect to senior, tenured positions, (2) research is highly important to achieve promotion and tenure, but little time is available to the faculty to do that research, and (3) the needs of the departments in the areas of patient care and administration may conflict with the requirements for promotion and tenure.

Establishing a permanent and productive academic foundation for family medicine is recognized as a major objective in the continued development of the specialty. Other specialties traditionally

have relied heavily upon university-based departments for the development of their academic bases. With access to federal and state funding and an expertise in research, these university departments have had the resources to offer high-quality educational experiences to both medical students and residents and to provide the research base necessary for advancement of their specialties. Faculty members in these departments are expected to function as competent clinicians and educators and, equally important, they should

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demonstrate high-quality research activity within a narrow field of interest that leads to publications in prestigious medical journals. Faculty members who achieve excellence in these areas are rewarded with the fruits of the university system, promotion and tenure.

The combination of limited experience in research and heavy patient care and administrative responsibilities places many family physicians at a disadvantage with respect to promotion and tenure.<sup>2</sup> Furthermore, the promotions committees may be unsympathetic to the goals of the developing specialty by not recognizing as legitimate the quality of research by family physicians or the journals in which family physicians publish.

Job descriptions of family practice faculty are generally divided into four areas: teaching, patient care, administration, research. The percentage of time devoted to each area is negotiated between the chairman and the individual faculty member. This negotiation involves the goals and priorities of the department from the perspective of the chairman as well as the needs and interests of the faculty member. As the link between the department and the promotions and tenure committee, the chairman interprets the standards of the committee to each faculty member, thereby guiding his or her professional maturation.

This study was designed (1) to determine the current faculty rank profile in university family practice departments, (2) to establish the chairmen's perception of the importance of various criteria on promotion and tenure decisions, (3) to describe the chairmen's perception of the ideal role of teaching, patient care, administration, and research in family practice departments, and (4) to determine the amount of time available for faculty to engage in research activities.

### Methods

A preliminary survey questionnaire was mailed to five university family practice residency programs in May 1982. Following the return of these questionnaires with critical comments, two minor revisions were made and the questionnaires were then sent to the chairmen of 104 departments of

family practice with direct university affiliations. using mailing lists supplied by the American Academy of Family Physicians. Information the chairmen were asked to provide included (1) the number of faculty members at each rank and the number with tenure, (2) a rating of the influence of teaching, patient care, administration, research quality, and research quantity on successful and unsuccessful candidates for promotion or tenure. (3) their perception of the strengths and weaknesses of their faculty, (4) their evaluation of the importance of research in their departments, (5) the average number of hours per week faculty members spend in research activity, and (6) whether they felt the criteria for promotions and tenure in their institution should be altered for family physicians.

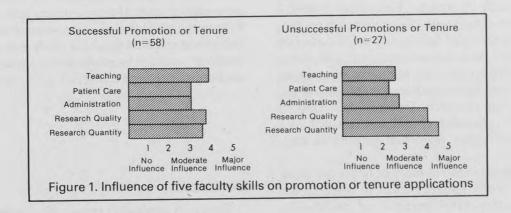
# Results

Responses were received from 75 of the 104 departmental chairmen, for a response rate of 72 percent. Fifty-nine (79 percent) of the respondents were permanent chairmen, and 16 (21 percent) were acting chairmen. Fifty-one (68 percent) of the schools reporting had a one-track tenure system, while 19 (25 percent) had a two-track system that was composed of one academic and one clinical track. Five (7 percent) schools reported that tenure was not available at their institutions.

Table 1 shows that the departmental faculty profiles were relatively concentrated at the assistant professor level. Tenure was often associated with full professor status and was found much less frequently at the associate and assistant professor levels. In 29 (41 percent) of the departments with a tenure system, the only faculty member with full professor status and tenure was the chairman. Sixteen (23 percent) of the departments had no tenured faculty. In the 70 departments with a tenure system, 75 percent of the full professors and 38 percent of the associate professors were tenured, whereas 5 percent of the assistant professors and none of the instructors were tenured.

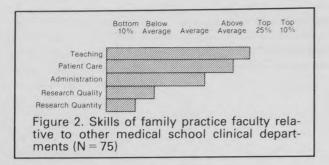
Fifty-eight respondents reported that one or more of their applications for promotion or tenure within the past three years had been successful

Rank	Number in Department* Number With Tenure**	
Full professor		
Mean	1.8	1.3
Median	1.3	1.2
Range	0-7	0-6
Associate professor		
Mean	3.0	1.2
Median	2.8	1.0
Range	0-10	0-8
Assistant professor		
Mean	6.1	0.3
Median	5.5	0.2
Range	0-21	0-4
Instructor		
Mean	1.5	0.0
Median	0.7	0.0
Range	0-13	0



(Figure 1). All five factors evaluated were viewed as moderate to major influences on the outcome. On a five-point scale, teaching (mean 3.9) was the most positive influence followed by research quality (mean 3.8), research quantity (mean 3.7), patient care (mean 3.1), and administration (mean

3.1). Twenty-seven respondents reported their departments had experienced unsuccessful applications for promotion. In these negative decisions the lack of research quantity and quality was considerably more important than the other factors. Research quantity (mean 4.7) was followed by re-

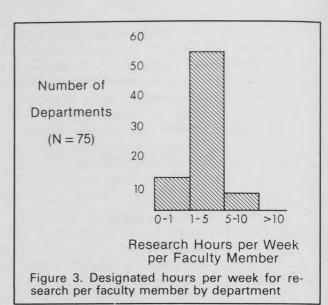


search quality (mean 4.0), administration (mean 2.7), teaching (mean 2.5), and patient care (mean 2.2).

In comparison with those in other departments, the chairmen felt that their faculty were above average in the skills of teaching, patient care, and administration, and no respondents viewed their faculty as below average in the areas of teaching or patient care (Figure 2). In contrast to these areas, skills in research quality and research quantity were rated below average or at the level of the bottom 10 percent of the medical school faculty by 86 percent of the chairmen. This spectrum of skill levels was consistent with the chairmen's perception of the ideal role of family practice faculty in a medical school. The chairmen felt that their faculties should offer expertise primarily in teaching and patient care with much less emphasis on administration and research. On the other hand 91 percent of the chairmen considered research as a moderately or highly important priority in their departments.

Figure 3 displays the number of hours per week an average faculty member spent in research activities. Fourteen (18.8 percent) of the departments allowed 0 to 1 hour per week for research. Fifty-three (70.7 percent) allowed 1 to 5 hours per week, 8 (10.7 percent) allowed 5 to 10 hours, and no department averaged more than 10 hours per week per faculty member for research. In terms of the work week, 90 percent of family practice faculty spent one half-day or less per week doing research.

Forty-two chairmen (56 percent) felt that the criteria for promotion and tenure in their institution should be modified for family physicians.



Twenty-eight offered written explanations, and all responses centered on the need to de-emphasize research and allow more credit for teaching and clinical activities. Thirty-three (44 percent) chairmen did not want the promotions and tenure policy altered. Eight of the ten written responses in this group stressed the need for family physicians to prove themselves as academicians according to traditional university criteria.

### Comment

Fourteen years after the establishment of family practice as a specialty and seven to ten years following the period of the most rapid expansion in residency programs, university family practice departments remain relatively undeveloped, as demonstrated by the small number of senior faculty members with tenure. This situation has been influenced in part by the number of years required for faculty members to establish sufficient expertise and reputation to qualify for promotion or tenure. Most institutions allow up to seven years for this process, and many faculty members in family

practice departments have been active in the academic setting for fewer than five years.

Beyond the direct limitations of time on the development of family practice faculties are the characteristics and interests of the individual faculty members. Many enter university programs with backgrounds in private practice, which prepare them well for the role of clinician-educator but offer little support for research activities.3 These backgrounds are consistent with the chairmen's perception in this study that their faculty are more talented in the areas of teaching, patient care, and administration than research. Furthermore, these backgrounds are consistent with the chairmen's view of the "ideal" role of family practice within university environments. Thus, over the past decade, both the departmental chairmen and the faculty members have been encouraged to develop job descriptions with a heavy emphasis in areas other than research. The results of this survey reveal that few faculty members spend more than five hours per week doing research.

What influence do these individual characteristics and job descriptions have on the potential for promotions or tenure? The data from this project suggest that high-quality teaching can be as important as research as an influence on the decisions of the promotions and tenure committees when the applications have been successful. Unsuccessful candidates, however, are most often faulted in the areas of research quantity and quality. Further evidence regarding the influence of research is supplied by Gjerde et al,4 who showed that successful candidates for promotion had twice as many publications as those who were unsuccessful. The "publish or perish" doctrine thus remains viable in university family practice settings, and this doctrine may be embellished by a corollary "publish and perish" doctrine when the promotions and tenure committee rejects some family practice journals as inadequate for their academic standards.

With these pressures to publish and the availability of fellowships for those residency graduates who desire an academic career, increased efforts in research by university faculties over the next decade can be anticipated. Faculty members may find it necessary to negotiate additional time for research, perhaps up to 25 percent or more of their job descriptions.5 The reallocation of time will inevitably detract from other areas of responsibility, namely patient care and teaching. It is hoped that interest and skills in patient care and teaching will not decline to the point that the educational experience for residents and medical students suffers.

There may be a tendency for faculty to engage in research activities that are appealing to promotions and tenure committees and specialty journals but are not relevant to clinical family practice, thereby duplicating the town-gown split that has prevailed in other specialties. Family practice cannot afford that split because in this specialty the goals of the practicing family physician to be accepted as legitimate and those of the academic family physician to establish a respected academic discipline are interdependent.

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