

The State of the Faculty: Challenges and Solutions

Speaker

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What is the state of the faculty? When I was composing this speech, I actually contemplated saying, “Beats me.” It would have been realistic because I think there is nothing the AAMC has done historically, comparable to its faculty salary survey, to really look at the state of the faculty. I’m a cultural anthropologist in my job now. Everywhere I try to dig out what I can about the state of the faculty. Contrary to some gloomy observations that one hears, the satisfaction rate of all physicians – not just faculty – has remained markedly unchanged. A variety of surveys over the past 20 years have consistently found that roughly 70 percent to 80 percent of physicians express a positive overall satisfaction rate – which is higher than for many other occupations.

Surveys of the medical school faculty show somewhat higher satisfaction rates than for non-academic physicians. In 2007, the AAMC collaborated with seven professional societies, including the AMA, to survey faculty and non-faculty physicians over age 50 on satisfaction. Roughly 45 percent of each group said they were as satisfied as they had been three years before. A somewhat higher proportion of faculty (23 percent) than general physicians (16 percent) were more satisfied. What is worrisome, however, is the high percentages who were not as satisfied – 40 percent for non-faculty and 32 percent for faculty. That’s a lot of unhappy people. The survey also found that while faculty were more satisfied with their career, their specialty, and their current position, that old bugaboo of “nobody gives me any time now to see the patient” has been a real issue for faculty, even more so than for general physicians.

Another AMA-AAMC survey focused on physicians under 50. It found that these younger faculty are more satisfied than their non-academic physicians’ age group with their medical career (39 percent were more satisfied compared with 35 percent) and with their specialty (58 percent versus 50 percent). But their satisfaction is actually lower than their non-academic colleagues for work schedules (22 percent versus 27 percent), job (30 percent versus 36 percent) and income (16 percent versus 23 percent). It could be because the traditional system of academic medicine demands a lot of junior faculty but rewards senior faculty. While 51 percent of non-faculty say they can balance their work and personal life, 45 percent of faculty feel the same way. Forty-six percent of non-faculty say they have control over work hours and schedule, but just 39 percent of faculty say they do, even though they are more likely to share their workload with nurse practitioners and physician extenders and to benefit from electronic medical records.

The issue that perhaps is the most worrisome is the burden that medical school expansions will place on faculty teaching. This came to light in the AAMC publication, “Medical School Enrollment Plans: Analysis of the 2007 AAMC Survey,” released in May and available on the AAMC Web site. Medical schools indicated that they had insufficient numbers of both basic science and clinical faculty to carry out expansions. In addition to accommodating larger classes, more faculty are needed for curricular changes, such as small group sessions. Clerkship positions were a particular concern. The combined percentage of respondents moderately concerned (44.7 percent) or very concerned (24.6 percent) about a shortage of clinical training sites is much higher than of those who are not concerned (30.7 percent).

Faculty retention is such a central problem that the AAMC needs to do more than just observe and comment about it. In June, the AAMC published an analysis and brief, “The Long-term Retention and Attrition of U.S. Medical School Faculty,” also available on the AAMC Web site. Tracking the attrition rate for faculty going back to 1981, the study shows that basically 40 percent of faculty

members leave in a 10-year period, and it's higher for women and minorities. This costs the institution dearly. A 2008 AAMC survey, using a conservative methodology, estimates that each medical school spends \$1.7 million to \$2.3 million a year just on turnover, including the cost of recruiting and developing new faculty.

In a new project, the AAMC and other partners are trying to help schools examine faculty turnover more closely and come up with specific steps to improve it. In 2006, the AAMC began an ongoing pilot project on faculty satisfaction at 10 medical schools with nearly 10,000 faculty. The survey results are fascinating. At one school, only 44 percent of faculty were satisfied with their institution "as a place of work." This was the low for the 10 schools. The high was 64 percent, but that's no cause for complacency because it means that one out of three faculty isn't very happy. The outlook is better at the department level: 59 percent to 74 percent were satisfied with their department. People tend to like their immediate colleagues. What the AAMC would like to see is loyalty to the institution as high as the loyalty to the department.

The pilot project found a big gap between what faculty at all 10 schools say they value and what they think their workplace actually provides. For example, about 90 percent said one of the things they valued most highly was opportunities to collaborate inside and outside the department, but only 59 percent said they were satisfied with opportunities to collaborate inside and 52 percent outside their department. It gets even more chilling when looking at the average satisfaction rates for all 10 schools. The highest satisfaction scores were with quality of patient care (80 percent), autonomy of one's work (77 percent), and professional interaction with colleagues (72 percent) – areas about being a professional. The lowest satisfaction scores included consistent application of promotion criteria (34 percent), appreciation of one's work by the dean's office (29 percent), and explanation by the medical school of its finances (21 percent). The medical schools have an institutional problem.

If the AAMC pushes this pilot project to 30 schools, they think the results could have real validity. The goal is to give each school a dashboard like *Consumer Reports* use. The AAMC would let the school pick its peer group and they would let them pick the dimensions they want to emphasize. Green and red pie charts would tell each school where it is ahead of or behind its peers. The goal of this project is to create a cohort of schools that really want answers to the question, "What do my faculty think?" AAMC would bring them together, perform the survey, and help them look for opportunities, individualized for each school.

One long-term trend in medical schools is the growth of clinical faculty, which measures at more than 1,000 percent since 1960. The key behind that story, in the follow-the-money tradition, is medical school revenues. Back 45 years ago, just 3 percent of medical school revenues came from faculty practice plans. Now it's 38 percent, and the majority of a medical school's income comes from clinical earnings. That is a real transformation. This new source of income hasn't been all good news for faculty incomes. Faculty are facing some very tough fiscal realities. Each year, AAMC's Faculty Salary Book reports the increases, compared with inflation. In the late 1980s and 1990s faculty salaries ran ahead of inflation, but now salaries essentially track with inflation, despite longer teaching hours and other work. So when a faculty member says, "I'm working harder for less," there is some credence to that. Their salaries have been stagnant against inflation while they have been asked for more productivity. It's worth pointing out that every segment of the U.S. economy is experiencing that phenomenon.

Another startling reality that faculty face has never happened before -- the abandonment of Federal support for biomedical research. When Dr. Kirch was at the National Institutes of Health (NIH), he saw boom-bust cycles that lasted a few years at most. NIH is now entering its eighth year of sub-inflationary increases in funding. This is unprecedented. A lot of schools are saying, "We're dying

financially.” NIH funding should end the boom-bust cycles and aim for predictability and sustainability, with yearly increases that are 4 to 6 percent above inflation.