



Research Article

Variability and Inconsistency of Titles for Part-time Faculty Appointments at US Medical Schools

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Abstract

US medical faculty are increasing the number of part-time, voluntary, and clinical faculty members as academic facilities expand and acquire an increasing number of community clinical practices. Academic institutions have used variable, inconsistent, and often overlapping titles for their part-time faculty. This paper identifies, categorizes, and analyzes the variability in titles used to describe the part-time medical school faculty and distinguish these faculty from full-time, ladder or tenure track faculty at US medical schools. Suggestions for simplifying and unifying the nomenclature are proposed as a method to create uniformity and consistency and avoid confusion among member of academia, the public, and the patient population.

Keywords: Academic Titles; Academic Appointment; Academic Promotion; Part-time faculty; Voluntary Faculty; Adjunct Faculty; Medical School Faculty; Academic Clinicians

Introduction

Abraham Flexner in 1910 stated that an ideal model of medical education included university-based, full-time, salaried faculty to protect the faculty from the pressure to generate their own income through clinical practice and allow the pursuit of teaching and research free from distraction [1]. The word “university” is derived from the Latin *universitas magistrorum et scholarium* which translates to “community of teachers and scholars.” Scholarship is considered essential to the success of all faculty members, but teaching is the responsibility that demands the most attention and consumes the most faculty time and energy [2]. As academic medical centers have had financial pressures to maintain fiscal profitability, emphasis on the clinical faculty has been to increase productivity and relative value units (RVU’s) which presents a time conflict for academic and scholar pursuits or basic and translational research. In addition, academic centers have been acquiring private practices and expanding satellite offices to increase productivity and tertiary referrals.

Faculty members’ educational endeavors have generally not received adequate recognition. The association for Surgical Education in 1993 established a task force to determine the magnitude of this problem and to create a model to address the challenges [3].

Faculty who wish to remain fully academic but work less than full time has been increasing, but a significant number of medical schools have given these faculties titles such as “limited full-time,” “full status/partial load,” and “reduced period of responsibility.” By the 1990’s, many medical school’s faculty who devoted the majority of their time to clinical care could not meet the criteria for promotion and retention in a tenure system that

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focused on research as the major criterion for advancement [4]. In addition, by the 1990's at 127 medical schools, there were approximately 122,000 volunteer faculty members, outnumbering full time faculty by 2:1 [5]. For clinical faculty, clinical educator tracks have been added for faculty who are engaged primarily in patient care [6].

By the year 2000, approximately 75% of medical schools developed separate tracks for faculty whose primary responsibility is teaching and patient care [7]. In different institutions, the part time, volunteer faculty have a variety of titles, including clinical, voluntary, volunteer, adjunct, clinical preceptor, and clinical associate [8]. At academic institutions, the titles given for full time clinical faculty and volunteer faculty has often overlapped and provide little in the way of consistency or standardization. This often leads to confusion for patients, colleagues, and other academic institutions and has led to the denigration and feeling of second-class citizenship of some the brightest and highly skilled clinicians in the world.

Most departments require a certain minimum number of hours of service per year and surveys have suggested as few as 26 hours per year can satisfy this requirement. Many departments do not specify time commitments. The voluntary faculty are often nonacademic appointments and often have promotion criteria separate from their academic counterparts. The part-time faculty often display their academic appointment to patients and use the title in academic publications. In 2014, the Association of American Medical Colleges (AAMC) conducted a survey to identify approaches to faculty appointments and titles. Institutions acquiring clinical practices will often appoint the faculty with conventional titles often with the modifier "clinical" or "adjunct". By failing to recognize the contributions of "clinical" faculty members, institutions risk losing some of their most productive workers [9]. This study aims to identify the current titles used by all US Medical schools to classify the part-time clinical faculty at academic institutions and recommend a standardization to better classify this large and skilled group of practitioners and to differentiate the part-time faculty from the full-time academic faculty.

Method

For all US Medical schools, the website for Appointments and Promotions was accessed to determine faculty ranks. In addition, the medical faculty handbook was examined to confirm the academic titles. In cases in which the appointment and promotion website did not specify the different titles by name, the faculty handbook was used to determine the appropriate faculty title. In the rare case in which neither the appointment and promotion website nor the faculty handbook specified the title, individual clinical practice websites of the medical school were accessed to determine appropriate title

and then confirmation with the appointment and promotions office at the university in question. Medical schools that did not have faculty ranks for volunteer faculty, namely the Uniformed Services University of the Health Sciences F. Edward Herbert School of Medicine and Mayo Clinic Alix School of Medicine were excluded.

Results

A total of 153 medical schools rankings were analyzed. All medical schools used the basic progression from assistant professor to associate professor to professor. The adjectives used before and after these basic titles varied widely. For the purpose of this study and consistency, the initial rank of assistant professor track will be used, but in all cases there is no difference for nomenclature as the ranks progressed from associate to full professor.

The titles of voluntary faculty who are non-employed and are not ladder track faculty were recorded. Results are displayed in Table 1.

Table 1: Complete list of part-time faculty titles used by United States academic medical schools and the frequency which each title is used at all 153 academic centers included in the analysis

Part-Time Faculty Title	Number of US Medical Schools using the Title
Clinical Assistant Professor	101
Assistant Clinical Professor	10
Assistant Professor	9
Adjunct Assistant Professor	7
Adjunct Clinical Assistant Professor	6
Clinical Assistant Professor, Voluntary	3
Volunteer Assistant Clinical Professor	2
Voluntary Clinical Assistant Professor	1
Voluntary Assistant Professor	1
Voluntary Faculty Appointment as Assistant Professor	1
Clinical Assistant Professor (adjunct)	1
Clinical Assistant Professor (part-time)	1
Clinical Assistant Professor of the Practice	1
Clinical Assistant Professor, Voluntary	1
Clinical Adjunct Faculty	1
Clinical Affiliate Assistant Professor	1
Assistant Professor, Voluntary Clinical Faculty	1
Assistant Professor (Clinical)	1
Assistant Professor (Part Time)	1
Assistant Clinical Professor Voluntary	1
Assistant Professor of Clinical (specialty)	1
Part Time Clinical Assistant Professor	1

Discussion

Titles of voluntary faculty at academic medical centers are variable, inconsistent and confusing to both the medical providers, colleagues, and even more importantly, the patients who could benefit by better nomenclature for their treating clinician. Medical schools appear to want to use modifiers to distinguish the clinical volunteer physicians from full time faculty. But at 13.7% of US Medical schools, part-time faculty titles overlap with the same title that another institution uses for full-time faculty. Many institutions will often switch clinical assistant professor with assistant clinical professor to distinguish the two different groups.

There appears to be a tendency of US Medical Schools to add more modifiers either before or after the professor title as a method of lessening or lowering the prestige of an academic rank. For part-time faculty, only 9 US Medical schools used a single adjective modifier. 131 used two adjective modifiers, 11 used three adjective modifiers, and 2 used four adjective modifiers for the part-time faculty rank. Institutions with more perceived elite status used more adjective modifiers to distinguish part-time from full-time faculty. For US Medical schools ranked by US News and World Report in the top 10 for 2021, 40% used the adjective modifier of either adjunct, volunteer, or part-time in the title of part-time faculty (as compared to 16.3% of all medical schools). Distinguishing part-time volunteer faculty member who may spend much reduced total hours in teaching roles vs full time faculty who spend their entire time split between clinic, teaching, scholarly activity, and possible research is reasonable and expected. There should be a better method to consistently and unambiguously differentiate these two appointments.

At 85.6% of US medical schools, the adjective “clinical” is used in the title of part-time faculty. The “clinical” adjective inadequately distinguishes a part-time faculty member from many full-time academic physicians who are primarily clinical. Many academic institutions use “clinical” for both their ladder and part-time faculty. Simply moving the “clinical” adjective before or after the professor title is common but inconsistently employed and thus universally confusing among many institutions as means of faculty differentiation. Use of the adjective “clinical” does not help to distinguish part-time from full-time faculty, as most faculty members in all tracks, whether ladder or non-ladder, whether tenure or non-tenure, have some clinical duties. Medical Schools in recent years have been adding new ranks for their clinical faculty including but not limited to clinical educator tracks for faculty who are engaged primarily in patient care [10]. It needs to be recognized that “clinical” physicians have an explicit and important role among the faculty of US medical schools [11]. Clinician-educator faculty, however, have been shown to be less likely to achieve a higher rank than faculty on

research paths [12]. Lumping clinician educators together as volunteer, part-time and promoting a lesser-perceived ladder track has a negative effect on morale, decreases motivation, and prevents developing a strong faculty of practitioners with experience and expertise [13]. In summary, the use of the “clinical” adjective is not an effective method to distinguish part-time faculty from full-time faculty.

For 5.88% of US Medical schools, the term “volunteer” is used in the title for part-time faculty appointments. Some volunteers may actually receive reimbursement as per diem pay, contract pay, or Veterans Administration reimbursement. Two US medical schools use the adjective “part-time” in the academic titles of the non-ladder faculty and 9.80% of US Medical schools, the term “adjunct” for non-ladder faculty. Many institutions, however, use the title of “adjunct” to designate a faculty member who is visiting, and their primary appointment is with the department of another academic institution, thus creating further confusion and lack of uniformity between institutions. An academic title is most effective and uniform when it is descriptive, consistent, and meaningful to the underlying position that it represents.

Recently two institutions, the University of Pennsylvania and Yale University have adopted the new title of “academic clinician” to distinguish full time faculty who have demonstrated not only recognizable clinical expertise, but also quality teaching, mentoring, and scholarly activities. More institutions should consider adopting such nomenclature to not only create a distinction between part-time and full-time faculty but create a more accurate depiction of what role the faculty member actually contributes to the academic community. Academic institutions can often be resistant and slow to change, however, with the changing roles of medical clinicians and a changing delivery of medical care by academic institutions, a more uniform system and accurate nomenclature of rank is warranted.

Conclusions

This paper has demonstrated that academic institutions at all medical schools in the United States currently use poorly defined academic titles for their part-time, non-ladder faculty. There is also a lack of consistency among medical schools, with 21 different titles used to describe the same position. In addition, the modifier of “clinical” has created an alternative ladder pathway or in other cases, a part-time non-ladder track. In such a manner the “clinical” title is inaccurate, inconsistent, and misleading as a method to an alternative promotional track. This study identifies the inconsistent and confusing nature of the titles and recommends creating a more unified and accurate nomenclature to differentiate part-time and full-time. A simpler unified system that is universally adopted would achieve consistency and less confusion among patients, colleagues, and the public.

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