Editorial

Tenure and Academic Family Practice: Anathema or Constructive Catalyst?

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In this issue of this journal, Jackson and MacInnes report the results of their recent national study of faculty appointments, promotion, and tenure in academic departments of family practice in US medical schools. They have found that the quality and amount of research are the most important criteria influencing promotion and tenure decisions, that teaching skills are next in value, and that patient care and administration are comparatively devalued in the process of institutional appointments and promotion deliberations. They further identify the various problems facing academic departments of family practice concerning the promotion and retention of family practice faculty in these departments.[1]

That these issues are now of intense interest in academic family practice is reflected by the inclusion of various aspects of this subject on the programs of recent meetings of the Society of Teachers of Family Medicine and the Association of Departments of Family Medicine. Since family practice is a relatively new department in medical schools, many young faculty are now facing the pressures of mandatory academic review as they are considered for promotion and retention in these departments. In this regard, Jackson and MacInnes found that more than one third of the departments had been unsuccessful in their nominations for promotion, mostly because of inadequate research productivity.[1]

The rigors of traditional academic review of faculty performance in medical schools have caused considerable debate and frustration within academic family practice. Some believe that the established tenure system is anachronistic and no longer suited to the needs of medical education. Many feel that the emphasis on research productivity is excessive in the academic review process and that teaching, patient care, and administration should be more heavily weighted. At one extreme, some feel that research is not an essential activity in academic family practice, and that high levels of performance in patient care and teaching are enough to expect. It is of interest that more than one half of chairmen of university departments of family practice feel that institutional criteria for promotion and tenure should be modified for family practice, in most cases in the direction of de-emphasis of research requirements.[1] At the same time, most university departments of family practice are still relatively small, so that faculty time is heavily occupied with patient care, teaching, and administration without sufficient time for research.

In view of these problems, it is of interest to examine briefly the current and projected status of tenure in US medical schools. Spellman and Meiklejohn have shown that 96 percent of these schools have one or another form of tenure.[2] In a recent paper on tenure in medical schools in the 1980s, Smythe and his colleagues observe that tenure has arisen from (1) the needs of an open society to sustain critical and innovative roles for its universities, (2) the necessity for universities to support and protect their faculties, (3) the optimization of the faculty's capability to react to new appointments, and (4) the demands of ever-shifting social circumstances.[3] A 1980 report of the Association of American Medical Colleges concludes tenure is here to stay, although it is a mutable university policy, subject to change.[4] Growing pressures,

at the same time, are upon the faculties of medical schools to sustain themselves by devoting increasing time to patient care as state and grant support progressively diminishes. As this shift takes place, more medical schools are adopting alternatives to the tenure track appointment system. The usual result is some kind of "clinical track" whereby clinical and teaching skills are more heavily weighted in the academic review process. At present, however, only 25 percent of the responding departments of family practice in the study by Jackson and MacInnes are in medical schools with a clinical track. Moreover, many medical schools that opt for clinical tracks are still likely to require substantial levels of scholarly activity, though perhaps defined in a less restrictive way than for the tenure track. There is already considerable variation from one medical school to another in the procedures and criteria for academic review of medical faculty. It seems inevitable that these differences will increase in the future.

What then are the implications of these problems for family practice? The excellent article in this issue by Dr. Fairfield Goodale, Dean at the Medical College of Georgia, provides a useful framework to consider this issue. He stresses the absolute importance of academic credibility to the ultimate viability of family practice as a specialty and provides a helpful assessment of the field's present status in the medical school.[5] In this context, the following conclusions seem warranted:

1. The tenure system is not likely to disappear, though various changes are likely to take place, particularly involving the "clinical track" option. However, because many tenure track appointments are "without tenure for reasons of funding" (with identical *academic* requirements for tenure) and most (if not all) clinical tracks are likely to require evidence of scholarly activity for advancement and retention, the real issue is not tenure in itself but a range of other issues. These issues include acceptance by family practice of the importance of research, definition of "research" in the context of the needs and methods of family practice instead of the concerns and methods of other specialties, the need for a "critical mass" of faculty in academic departments of family practice, and the importance of organizational structure and time management to allow time for scholarly work by the faculty.

2. The concerns and frustrations of family practice are not unique to the specialty. Indeed, the other primary care specialties have the same problem in having their research and scholarly efforts viewed favorably by appointment and promotion committees attuned to a reductionist view of research. Moreover, physician faculty in many other fields share identical problems with academic family physicians in terms of competing priorities for time and may in some cases carry even heavier clinical and teaching loads. Therefore, no special accommodations for family practice should be sought in the academic review process if academic credibility is to be achieved.

3. Research in family practice, addressing the particular concerns of the specialty and utilizing methods suited to primary care, is essential to the further development of family practice and to its academic credibility. Institutional systems of academic review that include emphasis upon research and scholarship can be a constructive catalyst to family medicine as an academic discipline. In accepting this challenge, academic family practice needs to avail itself of faculty development programs that foster research skills (eg, the Robert Wood Johnson Family Medicine Faculty Development Program, for which extended funding has recently been announced), accept diversity among its faculty with inevitable self-selection to university and community hospital settings, provide for transferability of faculty credentials from one institution to another, and recognize the need in future faculty for a set of skills different from those found in the original group of faculty drawn largely from community practice. If this direction is taken, the challenges posed by Dr. Goodale will most certainly be met.

References

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