



Representing Wayne State Faculty and Academic Staff

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Tenure, Security, and Accountability: The Issues Before WSU's School of Medicine

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It has become commonplace today for politicians and others to scapegoat educators for the failings of our schools. Some in our School of Medicine (SOM) have hitched a ride on this bandwagon by calling for new procedures to evaluate the performance of tenured faculty, arguing that efforts to improve academic productivity will otherwise be thwarted by underperforming and unresponsive faculty. What are the facts?

Attempts to Erode Tenure

Tenure provides job protection and economic security to faculty members in order to protect academic freedom. Without this safeguard, individual faculty could be pressured to subordinate their research and teaching to the views of administrators and others-- on pain of being fired if they failed to conform.

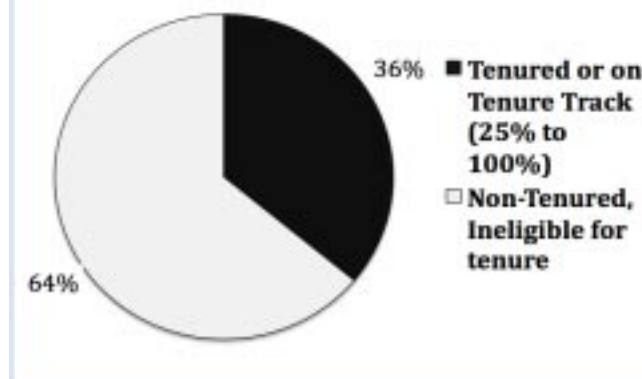
Is tenure an absolute right? No. Tenure is granted only through a rigorous process of review and may be revoked for a number of reasons. However, charges brought against a faculty member must be proved under the due-process procedures guaranteed by the Collective Bargaining Agreement (CBA). The Union has the legal responsibility to protect this

right to due process for every bargaining unit member, whether or not s/he has joined the Union.

SOM administrators have waged a long campaign to weaken these protections, most notably by limiting the economic basis of tenure for some non-

clinical faculty in clinical departments to just 25% of salary. This violated an arrangement the Union had agreed to in 1992, when the SOM was allowed to grant fractional tenure on a 25% basis to clinical faculty only. Management had stated in negotiations that clinicians did not need the economic security of full tenure because, unlike non-clinical faculty, they could always

Chart 1: Percent of SOM Faculty by Tenure Status



return to the private sector at a higher salary. The Union eventually conceded on this issue, but when we discovered that management was applying this exception to non-clinical faculty in clinical departments, we filed a grievance and took the issue to arbitration.

The arbitrator ruled in our favor, stipulating that "fractional" tenure for non-clinical faculty in the SOM's clinical departments henceforth had to be granted on at least a 50% basis. Non-clinical faculty

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members who already had been given 25% tenure in these departments were raised to 50% tenure appointments.

More recently, the Dean's office attempted to implement a system of post-tenure review to identify and sanction "unproductive" faculty members. We opposed such a punitive approach and negotiated, instead, a peer-review process in the current CBA that establishes a series of remedial steps for faculty whose performance has declined. (See Article 24 of the CBA.)

The Dean's most recent directive calling for annual evaluations of faculty portends another round of debate over accountability and post-tenure review. On October 13, 2010, we sent a request under the Michigan Public Employee Relations Act (PERA) to Associate Provost Stephen Calkins requesting all documents related to this management initiative. We have yet to receive a response.

We also sent a memorandum to the relevant administrators and the SOM faculty that laid out the variety of ways in which SOM faculty members are already evaluated on a regular basis. If management finds these existing procedures inadequate, there is a way to address this though upcoming contract negotiations with the Union.

It is our assumption that this attempt to impose a form of post-tenure review on the SOM faculty is related to the recent request from the Executive Committee of the SOM Faculty Senate that the Union endorse proposed changes in personnel categories for SOM faculty members. The Executive Committee also asked the Union to agree to a longer probationary period for tenure, extended from seven to ten years. Both proposals, we are told, have the backing of the Dean's office. The Union has agreed to study them.

Tenure: Myth and Reality

What is the actual scale of the problem regarding unproductive tenured faculty? When asked, administrators have come up with vague estimates that rarely exceed a dozen cases among the more than 700 faculty members employed in the SOM. Further examination indicates that the real problem is the un-

willingness of administrators to deal with such cases under the available means for doing so. Indeed, the role of tenure in the SOM, far from providing too much protection for SOM faculty, actually provides too little.

Management is responsible for assigning work to faculty members and ensuring that these duties are carried out. Complaining about the CBA is an easy excuse for administrators who are simply failing to do their job. This became painfully obvious when Professor John Crissman, during his tenure as Dean of the SOM, proposed that tenured faculty whose research had fallen off should be assigned to teach introductory Biology or Chemistry on the main campus, following appropriate retraining in undergraduate pedagogy. The plan was abandoned when some department chairs threatened to resign in protest. Evidently it was thought to be demeaning for SOM faculty members to teach undergraduates. It should be noted that it was SOM administrators who scuttled this initiative, not the Union or the CBA.

The reality, as indicated in Chart 1 (on page 1), is that only one-third of all SOM faculty members (243) are in any way involved in the tenure system. As indicated in Chart 2 (page 3), only 56 of these tenured faculty members-- just 8% of all SOM faculty-- are tenured on a 12-month basis. Indeed, no faculty member has been awarded 12-month tenure in the last 26 years. These faculty members are paid an average of \$154,348 annually, not exactly a princely sum as medical school senior faculty salaries go nationally.

The assumption is that this declining portion of the faculty will become more productive if subjected to increased job insecurity by post-tenure review. This approach would more likely encourage a short-term 'quick-results' mentality and significantly discourage long-term detailed investigations into complex biomedical phenomena. Is that what SOM administrators really want?

As indicated in Chart 2, 10% (73) of the SOM faculty members have 9 months tenure (75% of a 12-month appointment) and, under present SOM policy, they are being paid on a 12-month basis. Another 8% (53) of SOM faculty members have a tenure status that guarantees them only a 50% salary on a nine-month appointment (37.5% of a 12-month appoint-

Conclusion

ment), although almost all are paid on a 12-month basis. Finally, only 8% (54) of SOM faculty are on a tenure track that will bring them, if they are successful, an appointment of somewhere between 25% (for some clinicians) and 75% tenure on an annual basis.

Fully two-thirds of the SOM faculty are non-tenured and non-tenure track. Of these 447 faculty members, 390 are clinical faculty whose primary function is to provide patient services that generate revenue for the practice plans. The remaining 57 faculty members are research professors whose jobs depend on the income they generate for the SOM from grants and contracts.

All of these non-tenured faculty members are on term contracts of one to three years that can be non-renewed for any reason under Michigan law. The CBA provides these faculty members with certain protections, such as access to grievance procedures and the requirement of a timely notice of non-renewal. However, it is difficult to see how any new system of post-tenure review will add much to the management tools already available to manage these contract employees.

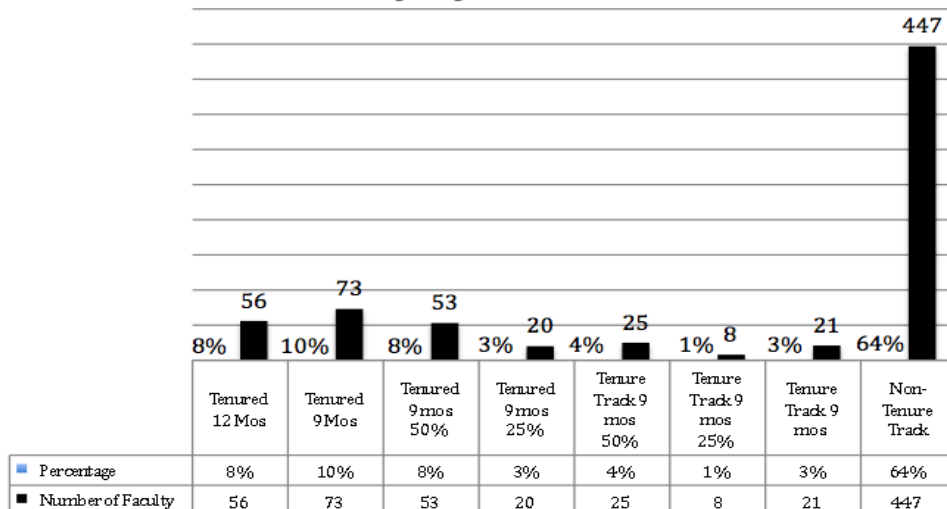
In light of the facts presented here, anyone who argues that management in the SOM is a helpless giant hampered by tenure rules under the CBA should be questioned closely. Fully tenured professors are a small minority of the total SOM faculty, and management in the SOM has much more control over its faculty members than do the deans of other colleges and schools at WSU.

Can the personnel policies of the SOM be improved and made more comprehensible? Of course, and the Union is ready to negotiate sensible changes that will help improve research, patient services and teaching. In response to a specific request from former SOM Dean Dr. Robert Sokol, who has the responsibility for the resubmission of the Clinical and Translational Science Award application, the Executive Committee of the Union has already agreed to the creation of a new personnel category-- Clinical Scholar.

On the other hand, the Union views with considerable skepticism the proposal to extend the tenure probationary period to ten years from the conventional seven. The arguments for the extension boil down to these: first, it is becoming harder to get NIH grants, so researchers need more time to

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Chart 2: Percent and Number of SOM Faculty by Tenure Status



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work on their submissions; second, the average age of researchers getting their first NIH grant is increasing; and third, other medical schools are doing it.

The claim that these trends all require an extension of the probationary period at the SOM is contradicted by the experience of our faculty in the Chemistry Department. Chemistry has a sustained record of research productivity over many years, as do other such departments at WSU and comparable universities. Faculty in our Chemistry Department, as in other such departments across academia, apply for the same types of grants as do faculty members in the SOM, and the facts show that Chemistry faculty are not only competing very well with a seven-year tenure probationary period, but are doing this with generally higher teaching and service loads compared with the SOM.

The argument that other medical schools are doing it merely points up the reality that most of them do not have unions to protect the interests of their faculty members. At Wayne State University, we do.

If the SOM is having difficulty generating a higher level of academic productivity, the problem does not lie within the tenure system. The tenure system does not provide too much job security for the SOM faculty, but too little. Some 64% of faculty members have only the security of term contracts that range from one to no more than three years. We need to assure the SOM faculty, including those with frac-

tional tenure, greater economic security than is provided under the present system. The Union is presently looking at the best ways to achieve this end.

The SOM faces many challenges in the coming years which need to be addressed. This analysis has not touched, for example, on the relationship between the SOM faculty and the practice plans. There is little doubt that this relationship is one of dynamic challenges.

If the SOM's problems are going to be addressed effectively in relation to personnel, we need operate on the basis of facts. The foregoing analysis is an attempt to take a step or two in that direction.

Happy Holidays

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