Rethinking Tenure in Dental Education


Abstract: In the midst of changes in the environment of academic dentistry over the past two decades, reform of traditional tenure is one way for dental schools to respond to these changes while maintaining scholarly, evidence-based learning environments. Challenges facing academic dentistry today and in the future include a crisis in workforce capacity, difficulty attracting recent graduates into academic positions, overburdened faculty members with limited time for scholarly activity, loss of tenured faculty members due to retirement, and a potentially diminished voice for dental schools within the parent university. The purpose of this opinion article is to suggest ways to reform the current tenure system in dental education as a means of improving recruitment and retention of new faculty members while maintaining or increasing scholarly activity within dental schools.

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Keywords: faculty development, faculty retention, faculty recruitment, tenure, tenure reform, dental education, clinician-scholar

Submitted for publication 4/17/11; accepted 7/21/11

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If tenure in dental schools is to continue, it must be reformed to match the job responsibilities of dental educators and reflect the mission of the universities of which those schools are a part. In the last ten to twenty years, a number of changes have affected the academic environment in dental schools; these stimulated us to investigate the viability of the tenure system as it is currently defined. First, there is a crisis in the academic dental workforce capacity with a reported 417 unfilled faculty positions in the fifty-three U.S. dental schools surveyed in 2005–06 and 406 in 2006–07.1 Second, this situation is anticipated to worsen as senior faculty retire. Since 55 percent of full-time dental faculty members were found to be over fifty years of age in a 2000 survey, the number of retiring faculty members in the next ten years could be significant since it is estimated that these retirements could lead to as many as 900 academic vacancies.2 This national situation does not take into account the need for faculty members at the three new dental schools that began accepting students in 2011 and the three or more additional schools that are in the planning stages. Third, the vast majority of the graduates considering their options following dental school choose private practice.3 Fourth, these current and future faculty shortages place at risk the continued scholarly activity that is necessary to enable the dental profession to develop evidence-based guidelines for patient care. Without it, dental schools may become technical training institutions rather than academic learning centers. Finally, loss of a significant number of tenured faculty members due to retirement places dental schools at risk for not having a seat at the table with the parent university or being viewed as second-class citizens within the university environment.

We come from six dental and dental hygiene institutions that have varying emphases on teaching, research, and scholarly activity. All of us have experienced the tenure system personally, and most are currently on the tenure track. Three of the authors are in administrative positions that require mentoring of both clinical and tenure-track faculty members. As academicians, we are seriously concerned about faculty shortages in dentistry and the pressures on dental schools to increase revenue without sacrificing teaching, research, and scholarly activity.
The purpose of this article is to argue that tenure in its current form in dental schools is in need of reform. Historically, tenure has been defined as a status that provides protection from dismissal without specific cause and is granted to faculty members after a specific period of time when they meet criteria identified by the institution. Traditional tenure does not require continued productivity or regular reviews of scholarly activity. Throughout the article the term "dental education" will be used to refer to academic institutions in both dentistry and dental hygiene. Although our focus is on tenure in dental education, discussions of tenure in non-health science education and medical education will also be included. Our premises are that scholarly activity should be expected as part of any academic position and is not limited to those on a traditional tenure track and that faculty members’ productivity and teaching skills will be enhanced in a system with regular faculty reviews accompanied by corrective action when needed. Overall, we believe that the future of dental education may be enhanced with a significant restructuring of the tenure system.

History of Tenure

Tenure emerged in the fourteenth and fifteenth centuries during the birth of the university in Europe as a means to protect scholars against religious fanaticism. In the United States, evidence of tenure has been traced to 1721 and the creation of endowed chairs at Harvard University, which gave the professors who occupied them jobs for life. Historically, the tenure system has been a well-accepted tradition developed to shield the academic world from external pressure and coercion and ensure freedom of expression and financial security for those who may promulgate new and possibly unpopular concepts. Peterson provided a comprehensive review of tenure in non-health science education.

Tenure in dental and medical schools is a relatively new phenomenon. It developed slowly, primarily because most medical schools consisted of part-time faculty members until World War II. In the late nineteenth century, basic science professors in medical schools generally were busy practitioners who devoted a few hours per week to lectures or laboratory demonstrations while relying on clinical practice for the largest part of their income. At the turn of the twentieth century, however, led by the new medical school at Johns Hopkins University, many preclinical departments adopted the research-oriented German model. That concept of a full-time faculty supported by salary rather than private practice income was later extended to the clinical faculty with the financial support of the Rockefeller Foundation General Education Board. Salaried clinical professors, freed of the demands of fee-for-service practice, were able to devote themselves to research and teaching. Many have attributed part of the phenomenal growth of biomedical knowledge to the adoption of a culture of research in university medical schools and their affiliated hospitals. With the development of the research-oriented medical school, tenure and promotion as part of the reward system for the full-time faculty became established in most American medical schools.

In academic medicine, tenure created an environment of highly critical, highly selective, and highly competitive individuals who test the boundaries of knowledge and, because of the security provided by tenure, ultimately contribute to medical progress. Implicit in the tenure system is a long-term financial commitment by the university to the faculty member. However, tenure does not guarantee or protect the full salary of medical school faculty members since loss of productivity in research, clinical practice, or both, even after achieving tenure, may justify a reduction in salary.

Tenure in Dental Education: Negative Attributes

According to the American Dental Education Association (ADEA), in view of faculty retirement and turnover, faculty development and retention programs are essential for maintenance of a quality dental education workforce. A survey of new dental educators reported in 2001 that problems encountered in the first years of their appointments were closely connected to retention problems. Other studies have found that some of these issues are related to tenure guidelines that are either unclear or too rigid and frequently very difficult to understand. Other issues are related to the excessive educational debt of recent graduates and the higher salaries available in private practice.

There has been a steady decline in the percentage of tenure-track positions among all positions in...
academic dentistry over the past ten to fifteen years.12 It was reported in 2007 that tenured and tenure-track faculty were 25 percent of all dental faculty, while 74 percent were non-tenure track.8 Junior faculty members (assistant professor or below) made up 63 percent of the faculties at U.S. dental schools in 2004–05,12 but as senior faculty members retire, this percentage is expected to increase. With tenure-track positions being geared mainly toward basic science researchers who devote 60 to 90 percent of their time to research and the researcher being expected to obtain extramural funding, the tendency has been that clinical faculty members, who have large teaching loads, have been driven toward non-tenure-track positions.

Proponents of tenure reform have argued that the worst result of tenure is to create academic deadwood.6 In advocating for tenure reform in dental education, Peterson stated that “faculty who have achieved tenure certainly deserve recognition for their efforts, yet the more pertinent issue today is whether tenure is obstructing change by failing to adequately encourage the scholarship of teaching and learning.”6,8 Concluding that educators have a choice whether to continue with tenure as it has always been or evolve to meet the challenges of the twenty-first century, she contended that the emphasis should be on a faculty member’s continued contributions to the institution, students, and society—not their tenure status.

Dental education institutions cannot afford to lose enthusiastic junior faculty members because of unclear or rigid guidelines for advancement. Expectations for their appointments should be clearly spelled out along with what they need to do to advance to the next level. Traditionally, three tracks have been offered for faculty members: the full-time clinician (usually non-tenure track), the clinician-scholar (tenure track with teaching, research, and service responsibilities), and the full-time research track (tenure track with research and graduate education as the main focus).15,16

In the 1995 Institute of Medicine (IOM) report on the future of dental education, the study panel noted a decline in the number of tenured faculty members and argued that non-tenure-track faculty positions should be used to enhance overall flexibility in faculty recruitment, patient care, and research.17 However, to maintain an academic learning environment, it is important that part-time and non-tenure-track faculty members are also encouraged and rewarded for their efforts to contribute to scholarly activity. Overburdening junior faculty members with teaching responsibilities makes it difficult or impossible for them to meet the criteria for tenure.18

There has also been some suggestion that the current tenure system contributes to gender inequality and that women tend not to pursue tenure-track positions because the sense that they must choose between family and academics exists.9 In 2007, 74 percent of U.S. dental school faculty members were non-tenure track and 26 percent were women.19 Recent data show that women hold only 31 percent of tenured positions.8

Although the intent of tenure is to promote academic freedom, in its current form it is better suited to faculty members in non-health science education than to those in clinically based professions such as medicine, nursing, and dentistry. Without regular review of expectations, there is a risk that the tenured faculty member will not be motivated to bring about change and develop new and challenging ideas. In addition, those tenured faculty members who are unmotivated contribute to a loss of excellence in the institution. The majority of non-tenured faculty members in dental schools focus on direct patient care or teaching with no or minimal requirements for scholarship.20 The importance of discovery of new knowledge and of creating a culture of scholarship is critical in maintaining a dental school’s status within a university and the profession. Tenure in its current form in dental education permits minimal productivity from unmotivated faculty members, places additional teaching responsibilities on junior, non-tenured faculty members, and may make it more challenging for them to pursue creative, scholarly activities.

**Tenure in Dental Education: Positive Attributes**

Academic freedom is a central tenet of the entire higher education system (including health sciences). Academic freedom is defined as the ability of faculty members to inquire scientifically and teach ideas (including ideas that are inconvenient to authorities) without being targeted for repression or job loss. The university tenure system is the most secure way to guarantee academic freedom.21 The academic freedom guaranteed through the tenure process provides stability and continuity in our aca-
ademic institutions and is a primary contributor to a scholarly environment.⁸

Tenure protects faculty members when they vary from the prevailing opinion, disagree with authorities inside or outside the university, or raise controversial topics. Without job security, the academic community might pursue only safe or profitable lines of inquiry. The ultimate outcome of the tenure system is to allow original ideas to be more likely to arise, by giving scholars the freedom to investigate the problems and solutions about which they are most passionate and to report their findings without fear of reprisals. A 2008 article by Haden et al. noted that many individuals enter academic dentistry in order to work in an environment of discovery and learning.²³

Economically, the tenure system may reduce costs for universities. Job security and academic freedom are significant employee benefits; without them, universities might have to offer higher salaries or provide other benefits to attract and retain the most talented or well-known scholars. Additionally, faculty members may be more dedicated to a university where they expect to remain for life and may be more willing to hire, mentor, and promote talented young faculty members who otherwise might threaten their positions. Mentoring has been reported to be a major factor for increasing faculty retention, and the tenure system has contributed to this mentoring.²⁴

The tenure system provides checks and balances to the university administration. Faculty members who are tenured are not influenced by the fear of failing to have their next contract renewed. Tenured faculty members are not as likely to feel pressured by the politics of their institution and are able to question and take chances in the academic environment. Tenured faculty members can clearly look after the academic integrity of a curriculum, without being influenced by external forces that may emphasize saving money or creating additional profits. Considering the rapid turnover of administrators, serving at the pleasure of a dean could have perilous consequences for faculty members who have challenged administrative ideas; yet the very basis of academia is to challenge and debate ideas.

The tenure system rewards discovery and dissemination of new knowledge in the field. Often the most productive, inquisitive, and talented faculty members at a university are the senior-level, tenured faculty. These faculty members almost always have a wide variety of experiences in academia and offer wide-ranging talents to the university. In fact, many of the negative myths about the effect of tenure—for example, promoting mediocrity, discouraging productivity, and tying up valuable resources in “deadwood”—are not supported by research findings.²¹,²⁵

Indeed, one study found that tenured faculty members were the most productive among all faculty members and had a wide variety of skill sets necessary for the success of the academic enterprise. This study also demonstrated that the best predictor of future publishing behavior is the past publishing record and that faculty members who delay retirement are among the most productive, perhaps because their passion for their field remains strong. Research by Froeschle and Sinkford found that tenured faculty members are among the most satisfied in dental schools and demonstrate the greatest long-term commitment to dental education.²⁶

The tenure system has operated in the United States for almost 100 years and has helped to build a quality educational model. There is no question that the tenure system has had a positive effect on the academic environment in both medicine and dentistry. Current trends show, however, that as tenured faculty members retire, they are being replaced by non-tenure-track clinical faculty members. Under current tenure guidelines, many of these faculty members would not qualify for a tenure-track position.

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**Survey of U.S. Dental School Deans**

To obtain more current information regarding tenure in dental schools, a survey was developed and administered to deans at all U.S. dental schools. Approval for the study was obtained from the Institutional Review Board at the University of the Pacific. Fifty-four surveys were sent out electronically via SurveyMonkey. Five individuals had opted not to receive any correspondence via the SurveyMonkey service, so their e-mail addresses were removed from our list of participants, leaving a potential participant pool of forty-nine. Of those, twenty-six deans completed the survey, for a 55 percent response rate. Sixteen public institutions were represented, along with ten private institutions. The respondents also demonstrated geographic diversity across the United States, with all regions represented.

Survey questions focused on the current status of tenure in the respondent’s institution, how that has changed over the past ten years, and how the change has impacted the dental school. The deans were not
asked to differentiate between associate professor with tenure and professor with tenure. The majority of the respondents (76.9 percent) reported that less than 60 percent of their full-time faculty members were tenured or on the tenure track. Two of the respondents were from institutions that did not award tenure, and another three reported having fewer than 20 percent of their faculty tenured or on the tenure track (Table 1). The majority of the respondents (69 percent) reported having annual reviews for tenured faculty, but only 23 percent who conducted annual reviews reported that the review could lead to loss of tenure. One of the more striking findings of the survey was the decrease in the number of tenured or tenure-track faculty members over the last ten years. Only one respondent reported an increase in tenured or tenure-track faculty members, while approximately 65 percent reported a decrease in the number of tenured and tenure-track faculty members over the last decade.

Since our position is that tenure in dental schools is outdated and in need of reform, it was interesting to us to learn of the responding deans’ perceptions of how decreasing numbers of tenure-track faculty would impact faculty recruitment and retention, productivity, educational outcomes, and the budget. The schools that have seen a decrease in tenured or tenure-track faculty members have not seen a change in educational outcomes (Table 2). There was minimal perceived effect on all other categories except for the budget where there was a slightly positive effect. One possible explanation for this is that as older, tenured faculty members retire and are replaced with younger, clinical-track faculty members, the younger faculty members may have lower salaries and more time available to teach in the clinic.

The survey respondents were encouraged to make comments regarding tenure in general or in academic dentistry. The general theme of these comments centered around the concept that tenure has become an outdated form of employment that does not follow its original intent of academic freedom. Instead, it is used simply as a means of job security and at times may lead to loss of productivity. Many of the respondents felt that renewable long-term contracts would meet the same goals of tenure yet stimulate meritorious advancement. This could be interpreted as a support of reform of the tenure system.

### Tenure in Academic Dentistry: Suggested Reforms

Changes in workforce, financial demands on medical and dental education, and continued need for research and scholarly activity suggest that the time has come to consider significant reform of tenure.

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**Table 1. U.S. dental deans’ responses to questions regarding tenure at their schools, by number and percentage of total respondents**

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What percentage of your full-time dental school faculty members are</td>
<td>0-20% 5 (19.2%)</td>
<td></td>
</tr>
<tr>
<td>tenured or on the tenure track?</td>
<td>21-40% 8 (30.8%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>41-60% 7 (26.9%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>61-80% 5 (19.2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>81-100% 1 (3.8%)</td>
<td></td>
</tr>
<tr>
<td>2. Does your institution have annual reviews for tenured faculty members?</td>
<td>Yes 18 (69.2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 8 (30.8%)</td>
<td></td>
</tr>
<tr>
<td>3. If you answered yes to question #2, could the annual review lead to</td>
<td>Yes 4 (23.5%)</td>
<td></td>
</tr>
<tr>
<td>loss of tenure?</td>
<td>No 13 (76.5%)</td>
<td></td>
</tr>
<tr>
<td>4. If your institution awards tenure, how has the number of tenured or</td>
<td>Increased 1 (3.8%)</td>
<td></td>
</tr>
<tr>
<td>tenure-track faculty members changed over the past ten years?</td>
<td>Decreased 17 (65.4%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stayed the same 6 (23.1%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>My institution does not award tenure 2 (7.7%)</td>
<td></td>
</tr>
<tr>
<td>5. Are you in favor of tenure at your institution?</td>
<td>Yes 12 (46.2%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No 14 (53.8%)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Percentages may not total 100% because of rounding.*
In *Is Tenure Irrelevant for Academic Clinicians?*, Halperin argued that tenure in its current form is fundamentally irrelevant to clinicians because clinical faculty members are hired and receive their paychecks for one set of functions but are promoted and tenured for something quite different. Reform of tenure, according to Halperin, should address faculty members’ accomplishments that contribute to their success as academicians and clinicians, such as teaching, clinical expertise, national prominence, publications, mentoring, and research. Others have described traditional tenure as a bar that is set high and constantly moving.

This constantly moving bar of expectations makes it challenging to recruit and retain the faculty members who are needed to replace those who are retiring. Failure to recruit, retain, and develop faculty members poses a threat to maintaining an adequate dental education workforce to train dentists needed to meet the future oral health needs of the public. In recent years, there has been a trend to increase the flexibility and/or diversify the academic standards by creating multiple tracks to assist faculty members in achieving promotion and tenure. In one survey, 89 percent of dental schools reported having both tenure and non-tenure tracks for promotion. Having multiple tracks is only part of the solution; a reform of the tenure system including regular post-tenure reviews would help maintain both the integrity of the tenure system and an academic learning environment.

Tenure reform has been under way for the past two or more decades, influenced significantly by changes in clinical medicine. The most common changes to tenure are the development of multiple career tracks. Similar changes are appropriate in dental education. Tenure reform in dental education should recognize and reward teaching responsibilities as part of the attainment of the duties expected for their specific track. Faculty tracks similar to those suggested by Kennedy and Hunt and Hunt and Gray should be considered so faculty members have the opportunity to choose the track that coincides with their strengths. By having multiple tracks with more emphasis on clinical teaching, didactic teaching, research, or administration, guidelines for promotion and/or tenure could be made clearer, and schools could improve their ability to both recruit and retain new faculty members.

To address the changing demographics in dental academics and to maintain essential scholarly activity in the oral health field, we propose that the tenure system be reformed to include multiple tracks with and without tenure (Table 3). Although there is some overlap between tracks, the basic expectations for each of our proposed tracks are as follows:

- **Research track (tenure track):** Usually holds a Ph.D. and devotes most time to externally funded research. Some time is devoted to graduate student mentoring and seminar instruction. There is a fairly equal balance of research, teaching, and service. Research tends to be clinically based, often with industrial funding or under the mentoring of research-emphasis faculty.

- **Research emphasis (tenure track):** Usually holds Ph.D. in a biomedical science and perhaps a D.D.S./D.M.D. Some externally funded research is expected. The majority of time is devoted to research. Some time is devoted to graduate student mentoring and seminar instruction. Limited predoctoral teaching. Much of service occurs in support of research mission.

- **Clinician-scholar (tenure track):** Faculty member usually holds a D.D.S./D.M.D./R.D.H. and an M.S. and/or dental specialty certificate. There is a fairly equal balance of research, teaching, and service. Research tends to be clinically based, often with industrial funding or under the mentoring of research-emphasis faculty. Teaching is balanced...
between graduate and predoctoral programs; service is balanced between the research and teaching missions.

- **Clinical emphasis (tenure track):** Faculty member holds a D.D.S./D.M.D./R.D.H. and usually specialty status. Research, if any, tends to occur as part of a team with research-emphasis faculty. Some graduate seminar and clinical teaching. Significant predoctoral classroom, preclinical, and clinical teaching. Service occurs mostly in support of the teaching mission.

- **Clinical track (non-tenure track):** Faculty member holds a D.D.S./D.M.D./R.D.H. and usually has advanced education in specialty or general dentistry. Research involvement is minimal, occurring as part of a team with research-emphasis faculty. Some graduate clinical teaching, but most of time devoted to predoctoral classroom, preclinical, and clinical teaching. Service occurs in support of the teaching mission.

- **Faculty administrator track (tenure or non-tenure track):** Faculty member has a full-time academic appointment and has major administrative responsibilities, but at least 60 percent of time on administrative responsibilities, usually at the institutional level. Has limited research or teaching responsibilities.

  In addition to having multiple tracks, the elements of tenure reform would include the following: 1) annual post-tenure review with clear consequences for poor performance; 2) clearly defined expectations for achieving promotion and/or tenure for each track; 3) expanded definition of what scholarship means for each track; 4) a well-defined commitment from the dental school for faculty development at all levels; 5) effective mentoring and monitoring of mid-level faculty members to ensure they are on the right track for their interests and abilities; 6) guidelines for termination of faculty members who repeatedly do not meet productivity expectations; and 7) a system to address demographic changes in new faculty candidates.

Annual review of all faculty members, including those with tenure, should be performed by the faculty member’s supervisor (chair or division head) with clear expectations provided in writing and defined goals for the coming year. This should be a time to address any issues and concerns that the faculty member has and to adjust his or her schedule if needed to allow time for scholarly activity. Annual reviews should be tied to positive outcomes when goals are met and negative outcomes when they are not. Consequences for not meeting expectations would be effective at addressing the challenges associated with unmotivated faculty members and

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### Table 3. Allocation of time commitments for proposed seven faculty tracks

<table>
<thead>
<tr>
<th>Faculty Track</th>
<th>Advanced Degree</th>
<th>Research</th>
<th>Graduate Teaching</th>
<th>Predoctoral Teaching</th>
<th>Service Mission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>PhD</td>
<td>+</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Research Emphasis</td>
<td>PhD</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Clinician-Scholar</td>
<td>PhD</td>
<td>+</td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Clinical Emphasis</td>
<td>PhD</td>
<td></td>
<td>++</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Clinical</td>
<td>PhD</td>
<td></td>
<td>+</td>
<td>++</td>
<td>++</td>
</tr>
<tr>
<td>Faculty Administrator</td>
<td>PhD</td>
<td></td>
<td>+</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>Full-Time Administrator</td>
<td>PhD</td>
<td></td>
<td>+</td>
<td>++</td>
<td>++</td>
</tr>
</tbody>
</table>

*Note: Advanced Degree is in addition to the DDS/DMD/RDH degree.*

+ less than 20% time commitment
++ 20-50% time commitment
++++ 50% or greater time commitment

would promote a better balance of duties among tenured and non-tenured faculty members. Annual merit raises should not be tied to tenure but rather based on yearly productivity (in the areas of teaching, research, service, and publications).

Criteria to achieve promotion and/or tenure in each track should be clearly defined and consistent between dental schools. Criteria should include publications in traditional peer-reviewed journals as well as books, electronic media, and course material development.

The meaning of scholarship in each institution should be defined in advance for faculty members at all levels and should be expanded to include clinical teaching, didactic teaching, research, publications, delivery of continuing education courses, and service on university and/or national committees and on scientific advisory boards. Other activities that clinical faculty members can engage in (such as incorporating the time and effort contributed toward the development of innovative clinical teaching approaches, writing book chapters, and contributions to electronic educational media) should be considered scholarly activities. Now that most dental schools have electronic patient records, clinical faculty members have opportunities to research this rich data source as well. According to Oakley and Vieira, 62 percent of full-time clinical faculty members have no publications while serving in their clinical positions. As their clinical responsibilities increase, there is even less time for traditional scholarly activity. With a redefinition of what constitutes scholarly activity, the valuable contributions of these faculty members can be recognized.

Faculty members at all levels should have opportunities for faculty development that is targeted toward their interests (research, teaching, clinical care). This should be accomplished at the collegiate level and not just the responsibility of each department. According to Haden et al., although most faculty members were attracted to their jobs because of the learning environment, tenure-track dental faculty members were more pleased with use of their research time than were non-tenured faculty members.

Dental schools are responsible for providing effective mentoring and monitoring of mid-level faculty members to ensure they are on the right track for their interests and abilities. Over the years, academic institutions across the United States have developed their own guidelines for promotion and tenure. Unfortunately, many faculty members feel as though these guidelines are unclear. Eighty percent of the faculty members who responded to the 2007 Dental Faculty Work Environment Questionnaire felt that the process of obtaining tenure at their own institution was confusing or needed to be improved. In an ideal world, one may argue that a set of common standards should exist across all dental institutions; however, diversity among institutions should also be valued. In Scholarship Revisited: Priorities of the Professoriate, Boyer argued that faculty members’ rewards should reflect the type of institution in which they work. In terms of dental education, one could argue that the awarding of tenure could be correlated to a faculty member’s upholding the mission of the institution versus a traditional publish or perish philosophy. Institutions must do everything to help support their faculty members in achieving tenure. In addition to developing clear and mission-focused guidelines, institutions should offer formal orientations, reviews, and mentoring for all faculty members.

Consequences for poor productivity should be made clear at the time of appointment and should include loss or reduction of protected time, reduction of salary, loss of lab space, and increased time in clinical teaching or administrative duties, among others. Each faculty member is accountable for placing ample focus on teaching in order to provide proper instruction for students. In the traditional tenure system, institutions give release time to tenure-seeking faculty members who must then officially give up teaching time to pursue research. This provision of protected time seems, on the one hand, to be harmful to students while, on the other hand, making the institution accountable for providing the time necessary for scholarly work. Tenure reform should create a balance between the amount of protected time given to new faculty members and adequate teaching time and effectiveness given to students. Post-tenure review should be developed to reward those who continue to contribute to academia and help guide those individuals who are no longer contributing their appropriate share to the profession and institution. In addition, institutions must also have the ability to terminate tenure in cases in which individuals repeatedly choose not to be productive members of the academic community after earning tenure. In the past, mandatory retirement ages protected universities from unproductive faculty members; however, as a result of age discrimination legislation, mandatory retirement ages are no longer possible for academic institutions.

Retention and promotion should be based on clearly defined criteria, and the inability to meet the
criteria of one track should not prevent the faculty member from selecting a different track. With regular reviews and mentoring of each faculty member, the situation in which one goes up for tenure and is turned down should be avoided.

The demographics of the new dental faculty is changing. It is now comprised primarily of retired private practice clinicians and young faculty members with different motivating factors. Retired clinicians will not have the research training that facilitates tenure via research activities; therefore, the value of their clinical contributions needs to apply toward tenure, along with the allocation of time and training needed to excel in this area. Younger faculty members need and appreciate more flexibility, so allowing various faculty activities to be valued toward tenure will be more attractive to them.

The advantage of the multiple tenure-track system is that a higher percentage of faculty members can be maintained in tenure-track positions. These clinical tenure-track positions would require scholarship based on specific job descriptions for tenure and promotion. This scholarship could be in the form of educational research, clinical scholarship, and other nontraditional scholarship, maintaining an institution in which the majority of faculty members are engaged in discovery of new knowledge.

**Implications**

One of the most pressing issues in dental academics today is the shortage of clinicians seeking academic positions. Reform of tenure could improve the outlook for academic dentistry in at least four areas. First, clinical faculty members could focus on teaching and be rewarded for their teaching expertise without the distraction of “publish or perish.” Second, the expectations for promotion and/or tenure would be more clearly defined based on the faculty member’s specific track and his or her clinical expertise, teaching experience, and/or scholarly activity. Third, it would eliminate the negative environment caused by some faculty members’ having lifetime jobs while others are at risk for losing their positions because they cannot keep up with the ever-changing bar of expectations. Finally, it would permit the redefinition of scholarly activity to include expertise in clinical practice and teaching. Potential negative impacts on maintaining tenure in its current form in academic dentistry include decreased motivation to pursue scholarly activity and subsequent degradation of the profession into a technical trade rather than a profession with expertise in the science of oral health management.

A significant reform of tenure would address concerns with the current system and create a sustainable, clearly defined set of criteria for the retention and promotion of faculty members at both public and private dental schools. Areas of reform with the most potential to address the shortcomings of the current system include the following: 1) creation of multiple tenure tracks to include research, clinical, teaching, and administrative expertise; 2) modification or elimination of the “up or out” policy; 3) development of promotion criteria and criteria for dismissal based on productivity (or lack of it); 4) creation of flexible career paths to acknowledge gender equity; and 5) establishment of an annual review process for all faculty members with clear expectations for achievement and clear consequences for inadequate performance.

**Acknowledgments**

We would like to thank our institutions for support during our participation in the American Dental Education Association (ADEA) Leadership Institute. We would also like to acknowledge the mentorship of Dr. Lonnie Norris, Dean of Tufts University School of Dental Medicine, over the past year and Dr. Karl Haden, President, Academy for Academic Leadership, for his wisdom and guidance. We gratefully acknowledge the staff of the Academy for Academic Leadership for contributing to our learning process. Finally, we thank our families for their support and dedicate this to our colleagues in academic dentistry.

**REFERENCES**


