

# MEMORANDUM

TO: James C. Saunders, Ph.D.  
Chair, Faculty - 2000 Steering Committee

CC: Howard Herrmann, M.D.  
Chair, Medical Faculty Senate

FROM: Deborah Driscoll, M.D. Co-Chair  
Jerry Johnson, M.D. Co-Chair

DATE: March 1, 2000

SUBJECT: **WORKING GROUP ON SPECIAL OPPORTUNITIES**

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The Working Group on Special Opportunities was charged with evaluation of issues of concern to women, minority, husband/wife team, and practitioner scholar faculty. In addition, we were asked to examine the missions and structure of the Research Faculty track. After reviewing the breadth of issues we were asked to address by the Faculty 2000 Steering Committee, the Working Group decided to focus on the following four groups of faculty: research track, minority, women and faculty with disabilities. To accomplish the diverse charge to the committee, four subcommittees were formed to address issues specific to each of these four groups.

Enclosed is the final report of the Working Group on Special Opportunities. We have provided you with an overview including a list of general recommendations that are relevant to two or more of these faculty groups followed by recommendations specific to the individual faculty groups. The final recommendations reflect the consensus of the committee. The overview is followed by the subcommittee reports, which include a detailed discussion of the background and rationale for each recommendation.

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## **FACULTY 2000 REPORT OF THE WORKING GROUP on SPECIAL OPPORTUNITIES**

**Co-Chairs:** Deborah Driscoll, M.D. and Jerry Johnson, M.D.; **Staff Coordinator:** Dana J. Napier; **Members:** Stephanie Abbuhl, M.D., Michelle Battistini, M.D., Eric Bernhard, Ph.D., Jaclyn Biegel, Ph.D., Francesca Catella-Lawson, M.D., Alicia Conill, M.D., Joel Greenberg, Ph.D., Carmen Guerra, M.D., Pamela Jensen, Ph.D., Bruce Kinoshian, M.D., Shiriki Kumanyika Ph.D., Debra Leonard, M.D., Ph.D., Charles Nelson, M.D., Susan Nicolson, M.D., Enyi Okereke, M.D. Michael Robinson, Ph.D., Patricia Scott, Debra Silberg, M.D., Ph.D., Annie Steinberg, M.D., Margaret Stineman, M.D., Lucy W. Tuton, Ph.D., Krista Vandenborne, Ph.D., Susan Pae Weinstein, M.D.

### **I. RECOMMENDATIONS**

The Working Group on Special Opportunities was asked to evaluate issues of concern to women and minority faculty, the Research Track and faculty with disabilities. Recommendations that were relevant to two or more of these faculty groups are listed first under the heading "General Recommendations." Recommendations specific to the individual faculty groups follow but are not viewed by the committee as being any less important. A detailed discussion

of each recommendation is included in the subcommittee reports that follow. The final recommendations reflect the consensus of the committee.

### **General Recommendations:**

1. The mission statement of the School of Medicine should support the active recruitment of outstanding women and minority candidates including individuals with disabilities for faculty positions at all levels. There should be no bias against the recruitment of faculty who have disclosed disabilities.
2. The School of Medicine, Dean and the Department Chairs should review benchmark data on women and minority faculty annually. This should include comparisons to prior years at Penn and to national data collected each year by the AAMC.
  - ◆ FOCUS Leadership Mentoring Program for Women should continue to receive support to ensure that benchmark data on the School's women faculty are updated annually.
  - ◆ Maintain a database of faculty who have disclosed their disabilities and given permission to include that information.
3. The School of Medicine should make a commitment to provide the personnel and financial support to analyze data obtained from faculty survey (December 1999). The goal of the survey is to assess faculty satisfaction and identify additional issues that affect faculty recruitment and retention at Penn as well as garner support for Faculty 2000 recommendations.
4. The School of Medicine's Faculty Mentoring Program should develop a model for mentoring which can be applied across departments. Department chairs and division chiefs need to be held accountable for implementation and success of mentoring program. The Faculty Mentoring Program should apply to all faculty including Research Track.
5. The School of Medicine should establish an Office for Faculty Development to assist faculty in their professional and personal development, in collaboration with existing initiatives (e.g. FOCUS Leadership Mentoring Program, Center of Excellence in Minority Health), and to improve faculty awareness the School policies, mentoring programs, and promotion criteria.
  - ◆ Financial and administrative support should be provided to support Faculty Development specifically in the area of affirmative action and accommodations for faculty with disabilities.
  - ◆ Responsibilities of this office should include the following:
    - Sponsoring career development seminars (e.g. mentoring, negotiating skills, balancing career and family, promotion guidelines, time management)..
    - Enlisting a group of senior faculty to meet regularly with new and recently-recruited junior faculty for informal mentoring and career guidance.
    - Oversee the mentoring program (e.g. develop templates for documentation of meetings, provide and require training for mentors and mentees, monitor departmental compliance)
    - Develop a "practical" faculty handbook
    - Develop a family resource handbook to identify community resources for child care, elder care, sick child care, schools, summer programs
6. The School of Medicine should allow for greater flexibility in part-time faculty positions including opportunity for part-time positions in the Research Track. Faculty that work part-time but greater than 50% should be allowed to extend their promotion probationary period proportionate to the decrease in their full-time status.
7. Department chairs should assist all faculty to adhere to their academic plans commensurate with their career goals and track, particularly minority and women faculty.

### **Recommendations Specific to:**

## **A. Women Faculty**

1. All departments should have written maternity and family leave policies.
2. There should be greater recognition of teaching, clinical and divisional or departmental administrative responsibilities (e.g. residency director, academic coordinator, course director) in the promotion process.

## **B. Minority Faculty**

1. The School of Medicine should enhance its minority faculty recruitment and development efforts.
  - ◆ The School should make an institutional commitment to continue the minority faculty development programs of the Center of Excellence on Minority Health if external funding for the Center terminates
  - ◆ Basic science departments with few minority faculty members should track and actively recruit the minority graduates of Penn's doctorate and combined degree programs in addition to actively recruiting from other institutions.
  - ◆ Departments should be rewarded for increasing recruitment of minority faculty and retaining minority faculty through to promotion to associate professor.
2. The School of Medicine should establish additional funds to support the faculty development of minority fellows, postdoctoral fellows, and instructors.

## **C. Faculty with Disabilities**

1. Reduce substantial physical barriers at the Medical Center (e.g. ramps need to be centrally located and accessible, facilities need to be wheelchair accessible).
2. A faculty member with a disability should be a permanent member of the University and Medical Center's committees involved with Architectural Planning, Plants and Operations.
3. Address nonphysical barriers to equal opportunities. Department Chairs, Division Chiefs, COAP, senior faculty and the School's ombudsman should be exposed to basic information about disabilities including rights to voluntary disclosure, pre-employment equities, conducting an effective job interview with people who have visible disabilities, reasonable accommodations, and appropriate adaptive strategies for individuals who have a disability.
4. The Committee on Appointments and Promotions (COAP) should review the promotion process for faculty with disabilities.
5. Adjustments to the mandatory probationary period should be allowed to accommodate a faculty member with a disability or chronic disease.
6. Reasonable accommodations should be sought to provide equity in the work place.
7. The disclosure of disabilities should be a voluntary and confidential process. The administration, department chairs and division chiefs should recognize privacy issues and the fear of disclosure.

## **D. Research Track Structure and Faculty**

1. The Research Track should be redefined and restructured addressing the following issues.
  - ◆ Restrictions on teaching by the Research Faculty should be reevaluated to determine why they have been imposed and if they are in the best interests of the University or the faculty.
  - ◆ Criteria for promotion for co-investigators on the Research Track should be made more consistent with the responsibilities of this position. Specifically, there should be less emphasis placed on independent scholarship for those who serve as co-investigators.
  - ◆ Research Faculty with independent research programs should be included in the Standing Faculty with contracts comparable to those for the Clinical Educators.
  - ◆ Research Faculty should have representation on the Medical School Committee for Appointments and Promotions.
  - ◆ Research Faculty are not currently eligible for the Faculty Early Retirement Income Allowance Program (FIAP). This policy should be reevaluated.
  - ◆ Research Faculty members should have the option to work on a part-time basis.
  - ◆ There should be more flexibility for switching from the Research Track to other categories of the Faculty.

2. A committee appointed by the Dean's should be convened to evaluate and determine how to implement modifications of the Research Track.

## **II. CHARGE to the WORKING GROUP**

The Medical School Faculty Senate and the Faculty 2000 Steering Committee asked the Working Group on Special Opportunities to evaluate issues of concern to women, minority, husband/wife team, and practitioner scholar faculty. In addition, the group was asked to review the missions and structure of the Research Faculty track. The Working Group decided that issues related to faculty with disabilities should be addressed as part of the Faculty 2000 initiative. The Working Group was charged with developing a set of recommendations that identify strategies and tactics for these faculty members that can be used as blueprints for success.

## **III. PROCESS OF INQUIRY**

The Working Group met every other week from September 1999 through February 2000 for two hours each. After reviewing the breadth of issues we were asked to address by the Faculty 2000 Steering Committee, the Working Group decided to focus on the following four groups of faculty: research track, minority, women and faculty with disabilities. To accomplish the diverse charge to the committee, four subcommittees were formed to address issues specific to each of these four groups. The Working Group requested that the C-E Working Group consider issues of concern to the practitioner scholar faculty since they are on the C-E track. The sub-committees met individually and reported back to the full working group committee monthly. Sub-committee reports are included in the body of this report.

Gender statistics on the School's faculty were provided by FOCUS Leadership Mentoring Program for Women in Academic Medicine and presented to the committee by committee member and Program Director, Stephanie B. Abbhul, M.D. Minority statistics were obtained from the Center of Excellence on Minority Health and presented to the committee by co-chair, Jerry Johnson, M.D. Data from peer institutions, national data, University policies and the faculty handbook were reviewed by the committee/sub-committees whenever applicable. Surveys were developed and analyzed by the sub-committees on the Research Track, minority faculty and faculty with disabilities. The sub-committee on women used data collected by the Department of Medicine's Task Force on the Status of Women in the Department of Medicine. Peter Traber, M.D., Professor and Chair of the Department of Medicine presented this to the Working Group. The Working Group also interviewed David B.P. Goodman, M.D., Ph.D., Chair, COAP; Victoria A. Mulhern, Director, Faculty Affairs; M.D.; and Priscilla A. Schaffer, Ph.D., Professor and Chair, Department of Microbiology. A detailed summary of this process is included in each sub-committee report.

## **IV. BACKGROUND FOR RECOMMENDATIONS**

A detailed discussion of each recommendation is included in the each of the subcommittee reports that follow.

## **V. OVERALL CONCLUSIONS**

The Working Group on Special Opportunities has examined issues of concern to women and minority faculty, faculty with disabilities, and the Research Track faculty. Although some of these recommendations address issues specific to these faculty groups many are important for all faculty members in the School of Medicine.

The committee recommends that the School of Medicine should reaffirm its commitment to recruit outstanding women and minority faculty as well as faculty with disabilities. Further, the School of Medicine should strive to provide a supportive environment that will enable our faculty to meet their professional goals and ultimately, this should result in increased retention and promotion of our current women and minority faculty. This could be accomplished through implementation of many of the recommendations listed in this report including establishment of an Office for Faculty Development, guaranteed support for existing programs such as FOCUS and the Center for Excellence in Minority Health, and policy changes (e.g. part-time faculty positions, maternity/family leave).

After a thorough review of the mission and structure of the Research Faculty track, the committee recommends that the Research Track needs to be redefined and restructured. This report identifies the specific issues which should be re-addressed by a panel appointed by the Dean and Provost since restructuring of this track requires modification of the faculty Handbook.

Often overlooked at the University of Pennsylvania are issues of disability. Accessibility for individuals with disabilities was cited by faculty with and without disabilities as a major concern. The Working Group has identified physical and non-physical barriers that need to be removed to enable faculty with disabilities the opportunity to work

and succeed at Penn. The subcommittee report on Faculty with Disabilities cites specific examples and solutions. Furthermore, the committee urges the School of Medicine to support the recruitment and retention of competent individuals with disabilities, and to consider policy changes in the promotion process which will accommodate faculty members with significant disability or chronic disease.

## **WORKING GROUP on SPECIAL OPPORTUNITIES**

### **Subcommittee on Women**

#### **I. RECOMMENDATIONS**

1. Encourage active recruitment of outstanding women candidates for School of Medicine positions at all levels, especially in Departments where the percentage of women falls below the national averages.
2. The School of Medicine, Dean and the Department Chairs should review benchmark data on women faculty annually.
  - ◆ FOCUS Leadership Mentoring Program for Women should continue to receive support to ensure that benchmark data on the School's women faculty are updated annually.
  - ◆ This should include comparisons to prior years at Penn and to the national data collected each year by the AAMC.
3. The School of Medicine should make a firm commitment to support and maintain existing programs for professional/personal development and mentoring of women faculty (e.g. FOCUS Leadership Mentoring Program for Women in Academic Medicine).
4. Faculty Mentoring Program should develop a model for mentoring which can be applied across departments. Department chairs and division chiefs need to be held accountable for implementation and success of mentoring program.
5. Establish an Office for Faculty Development to assist faculty in career development and improve faculty awareness of School policies, mentoring programs and promotion criteria in collaboration with existing FOCUS initiatives.
6. Greater flexibility in part-time faculty positions. Faculty that work part-time but greater than 50% should be allowed to extend their promotion probationary period proportionate to the decrease in their full-time status.
7. All departments should have written maternity and family leave policies.
8. There should be greater recognition of teaching, clinical and divisional or departmental administrative responsibilities (e.g. residency director, academic coordinator, course director) in the promotion **process**.

#### **II. CHARGE to the WORKING GROUP - Subcommittee on Women**

The Medical School Faculty Senate and the Faculty 2000 Steering Committee asked us to consider the following issues:

- ◆ How effective are departments in the recruitment and retention of women faculty?
- ◆ What mechanisms can be identified to better assure the retention of women junior faculty?
- ◆ Does the School provide a proactive and aggressive environment that supports women faculty?
- ◆ Should special efforts be identified to help assure outstanding scholarly productivity and achievement for women faculty?
- ◆ Does support by the School of Medicine for such projects as FOCUS on Women's Health Research target appropriate issues for women faculty?
- ◆ Should there be greater flexibility in defining faculty job structure for women faculty?
- ◆ Should women faculty be more involved in the recruitment and retention of women faculty?
- ◆ Should evidence be accumulated to assure salary parity for women faculty?
- ◆ Is there any evidence of a distinction for women faculty in the process of promotion?
- ◆ Is there a problem faced by women faculty because they are called upon disproportionately to provide service to the School because of the need to fill quotas or provide "balance" in committee work?
- ◆ Should women and minority faculty be mentored in a way that caters to their special needs?
- ◆ Are there issues related to the extension of the probationary period that might facilitate the success of junior faculty?
- ◆ What impact would the establishment of "Day Care" within the School and Hospital have on faculty?

- ◆ Does the School view parental leaves as a natural occurrence in the life of faculty and encourage them as a non-detrimental event to career development?

The Subcommittee on Women of the Faculty 2000 Special Opportunities Working Group focused on quality of life issues and the inherent challenges in academic medicine for women faculty at the School of Medicine.

### III. PROCESS OF INQUIRY

- ◆ A subcommittee of the Special Opportunities Working Group was established and met once or twice a month from September 1999 – January 2000. The sub-committee reviewed data from a number of sources to formulate the key issues facing women faculty and to develop recommendations. The sources of data were as follows:
  - ◆ Benchmark data on the status of women faculty at Penn compiled by the FOCUS Leadership Mentoring Program for Women in Academic Medicine
  - ◆ Benchmark data from the AAMC’s Committee on Increasing Women’s Leadership. This is a five-year project examining the extent of representation of women on the faculty and in leadership positions at each U.S medical school.
  - ◆ 1999 faculty survey results from the Department of Medicine Task Force on the Status of Women.
  - ◆ Handbook for Faculty and Academic Administrators of the University of Pennsylvania.
  - ◆ Interview with Peter Traber, M.D., Professor and Chair, Department of Medicine.
  - ◆ Interview with Priscilla A. Schaeffer, Ph.D., Professor and Chair, Department of Microbiology.
  - ◆ Interview with David Goodman, M.D., Ph.D., Professor and Chair of COAP.
  - ◆ Interview with Victoria Mulhern, Director, Faculty Affairs.
  - ◆ Discussions with Penn faculty from the Working Group, Leadership Mentoring Advisory Committee, Lunchtime Seminar Series and conference on “Successful Strategies in Academic Medicine”
  - ◆ Review of literature on women in academic medicine.

### IV. BACKGROUND FOR RECOMMENDATIONS

#### 1. Encourage active recruitment of outstanding women candidates for School of Medicine positions at all levels, especially in Departments where the percentage of women falls below the national averages.

Although women constitute almost 43% of total enrollment in U.S. medical schools the proportion of full-time faculty (Tenure, Clinician-Educator and Research Track) who are women at Penn is 24%. The majority of women faculty are in the CE Track (60%). Although 25% of women faculty are in the Tenure Track only 16% of the faculty in this track are women. In contrast, one-third of the Research Track faculty is female. This data is summarized in the Benchmark Data for 1999 compiled by The FOCUS Leadership Mentoring Program for Women in Academic Medicine (see Appendix).

In addition, there are striking differences in gender distribution among clinical and basic science departments (see Appendix). Over 30% of the faculty in Emergency Medicine, Family Medicine, Pediatrics, Psychiatry and Rehabilitation Medicine are women in contrast to some surgical specialties and Radiation Oncology where less than 10% of the faculty are women. Several Basic Science Departments including Biostatistics/Epidemiology, Cell & Developmental Biology, Genetics and Microbiology are comprised of 30 - 40% women faculty while others including Molecular & Cellular Engineering, Pharmacology and Physiology are 12% or less.

Women are significantly over-represented in the junior ranks as shown in Table 1. Of the women faculty (all tracks), 67% are Assistant Professors, 18% are Associate and 15% are Full Professors. This is particularly true for the CE Track where 71% are Assistant Professors, 19% Associate and 10% Full Professors. In the Research Track, 63% of women are Assistant Professors, 28% Associate and 9% Full Professors. Although the proportion of women in the Tenure Track who are Full Professors (31%) is higher there is still a significantly high percentage at the Assistant Professor rank (57%) and a relatively small number of Associate Professors (12%) (see Appendix for Distributions within each Track by Rank and Gender).

Table 1. Distribution of Medical School Faculty by Rank and Gender (12/99).

Rank	Female (%)	Male (%)
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Assistant	67	44
Associate	18	22
Full	15	34

At Penn, gender distribution both across and within ranks demonstrates a paucity of women at the full and associate professor rank. Table 2 shows the gender distribution across the ranks. Only 8% of all medical school faculty are women full (4%) or associate (4%) professors. Gender distribution within the ranks indicates that of all Full Professors only 12% are women and of all associate professors 20% are women (see Appendix). This is similar to nationwide norms.

Table 2. Gender Breakdown of Medical School Faculty across Ranks (12/99).

Rank	Female (%)	Male (%)
Assistant	<b>16</b>	<b>33</b>
Associate	<b>4</b>	<b>17</b>
Full	<b>4</b>	<b>26</b>

According to the AAMC, the distribution of men and women across the ranks has not changed significantly in fifteen years. This is disturbing given the increased number of women entering medical school and residency over the past 20 years. The consensus in our faculty discussions and interviews is that Penn should take the lead and actively recruit top women candidates for faculty positions, particularly, in the departments where women are under-represented. The total number of women faculty in the School of Medicine is slightly below the national average of 27%. Penn should not be content to just meet the national standard but should be a leader in supporting women in academic medicine. Department Chairs should be encouraged and rewarded for developing strategies that are successful in the recruitment, retention and promotion of excellent women faculty.

**2. The School of Medicine, Dean and the Department Chairs should review benchmark data on women faculty annually.**

- ◆ **FOCUS Leadership Mentoring Program for Women should continue to receive support to ensure that benchmark data on the School’s women faculty are updated annually.**
- ◆ **This should include comparisons to prior years at Penn and to the national data collected each year by the AAMC.**

Since 1996, in order to increase awareness of the disparities in gender among academic medical centers, the Association of American Medical Colleges (AAMC) has annually compiled and reported institutional benchmark statistics regarding women in academic medicine from 94% of U.S. medical schools. In 1997 The FOCUS Leadership Mentoring Program for Women in Academic Medicine was established to address the fact that, relative to their numbers in the medical profession at both Penn and nationwide, women are over-represented in junior ranks and are less likely to be promoted or to achieve tenure. The Program has collected data on the status of women faculty at the University of Pennsylvania School of Medicine (1999) and compared it to the national data collected each year by the AAMC. The Penn data included in the appendix reflects the overall national picture by illustrating the opposite trends for men (ascending) and women (descending) in career progression towards the senior ranks of academic medicine.

Benchmark data is essential if the School is committed to the recruitment, retention and promotion of women faculty. The Dean should review this data annually and monitor the School’s success in recruitment and promotion of women faculty. Individual departmental data on the status of women with national comparisons (see Appendix) should be updated and distributed to Department Chairs annually. The Working Group applauds the School’s commitment to the FOCUS Leadership Mentoring Program and recommends that it continue its current level of support for these endeavors.

**3. The School of Medicine should make a firm commitment to support and maintain existing programs for professional/personal development and mentoring of women faculty (e.g. FOCUS Leadership Mentoring Program for Women in Academic Medicine).**

Since 1997, FOCUS has continued to address the gender issues in academic medicine and worked to provide support to junior women faculty who confront a scarcity of role models to mentor them. The goal of the Leadership

Mentoring Program is to support the recruitment, retention, promotion, and overall quality of life of women medical faculty at Penn. Through lectures, seminars, and workshops centered around skill-building in communication, goal setting, negotiation, mentoring, and networking, the Program works to foster an increase in the percentage of women faculty in all departments, particularly at the senior levels.

The Department of Medicine Task Force Report on the Status of Women indicated that in general, women are less informed about the promotion process and specific strategies for success. Dr. Traber noted having relatively few women among the senior ranks in medicine more than likely impedes the mentoring process. The majority of current Medicine faculty (72%), regardless of gender cited balancing work with family and home responsibilities. Dr. Traber identified the FOCUS Leadership Mentoring Program as crucial for addressing these issues and for meeting the professional and personal needs of Penn female faculty.

The Working Group acknowledges the overall importance of mentoring for all faculty members to achieve academic career success, however, the reality is that women are under-represented in the senior ranks of academic medicine and that there are issues specific to women, which require special attention. There is a need for continued support for vehicles like the FOCUS Leadership Mentoring Program. In addition to providing information and strategies for achieving success in academic medicine, programs of this nature provide faculty with a supportive environment and an opportunity to form collaborative, networking relationships. This may reduce the feeling of isolation often cited in the literature as a primary reason that women leave academic medicine.

The long-range goal of the Leadership Mentoring Program is to promote and retain more women in academic medicine at Penn, thereby supporting the growth of overall gender equity in academic medicine while at the same time encouraging the healthy balance of work and family. The Working Group agrees that the Program should continue to receive institutional support. Women faculty should be encouraged if not mandated to attend FOCUS-sponsored conferences and seminars as part of their career development. Department Chairs and Division Chiefs should excuse women faculty from clinical/research duties to attend these activities.

**4. The Faculty Mentoring Program should develop a model for mentoring which can be applied across departments. Department chairs and division chiefs need to be held accountable for implementation and success of mentoring program.**

Recognizing that faculty mentoring is critical for academic career success and progression, in 1998-99, the School of Medicine developed guidelines for a mentoring program to benefit all junior faculty. Under these parameters, each department is responsible for developing its own mentoring program with the chairs being held accountable for the implementation and monitoring of the process. Faculty cited the mentoring program established by Dr. Brian Strom, Director, Center for Epidemiology and Biostatistics as a potential model for other departments. Dr. Pricilla A. Schaeffer, Professor and Chair, Department of Microbiology, described the mentoring program she has established for all faculty and post-doctoral fellows in her department. Each junior faculty member is assigned three mentors, one of which has the primary responsibility for meetings and for generating a formal mentoring report.

Our discussions indicated the existence of variability and disparity in the mentoring programs across departments and divisions. The Working Group believes that the faculty will benefit from a more uniform approach to mentoring including standardized evaluation and report forms, and required seminars to teach and develop the skills of both the mentor and mentee. Documentation of a mentoring program within each department is necessary. Reports should be submitted at least annually through a centralized office that is responsible for monitoring each department's mentoring program. This should be viewed as a constructive process that can benefit the mentee, mentors, department and School.

**5. Establish an Office for Faculty Development to assist faculty in career development and improve faculty awareness of School policies, mentoring programs and promotion criteria in collaboration with existing FOCUS initiatives.**

There is a perception that faculty are relatively uninformed about the School's policies, mentoring programs and promotion criteria. This was supported by the results of the faculty survey in the Department of Medicine. Discussions with faculty suggest that there are disparities in the dissemination of this information both within and across departments and faculty. In fact, there are division chiefs and department chairs that were unaware of the School's recent policy on part-time status. The current faculty handbook and information provided during orientation of new faculty is inadequate. Informal discussions with faculty indicated that many are unaware of what type of assistance is available through Human Resources (<http://www.hr.upenn.edu/quality/worklife.htm>).

The Working Group acknowledges several recent School of Medicine and COAP initiatives that should improve faculty awareness, such as required documentation of career goals, identification of a mentor at the time of initial appointment, and the Faculty Mentoring Program. It is, however, too early to judge the impact of these recent initiatives on faculty promotion. These initiatives have been directed at newly recruited faculty. Faculty members recruited prior to 1997-98 would benefit as well and Department Chairs and Division Chiefs should be encouraged to address these issues with faculty at the time of reappointment if not sooner.

Better awareness of these initiatives could be accomplished through mandatory School and/or department-sponsored seminars/workshops on the promotion criteria. In addition, junior faculty should receive annual updates on promotion criteria (e.g. annual COAP report). Career development seminars and conference such as the annual mentoring conference, "Successful Strategies for Women in Academic Medicine," organized by the FOCUS Leadership Mentoring Program have been well attended and welcomed by the women faculty. Department Chairs and Division Chiefs should encourage faculty to attend these programs, and if necessary, excuse faculty from clinical responsibilities to attend.

In every meeting it became increasingly apparent that in order to increase faculty awareness and facilitate communication about policies and programs which assist faculty with career development we would benefit from a centralized Office for Faculty Development. Furthermore, in informal discussions with faculty members most agreed that the current Handbook is inadequate and hence, we recommend a new faculty handbook be written. In fact, many of the recommendations in this report could be implemented through an Office for Faculty Development. The Office would enhance and expand the current responsibilities of Faculty Affairs directed by Victoria A. Mulhern. The Director of this office should be selected based on their specific expertise in this area. The Working Group developed a list of suggestions for the office that might include the following:

- ◆ Establish required career development seminars on mentoring, negotiating skills, balancing career and family, promotion guidelines, time management
- ◆ Enlist a non-department based group of senior faculty to meet regularly with new and recently-recruited junior faculty for informal mentoring and career guidance
- ◆ Oversee the mentoring program, develop templates for documentation of meetings, provide and require training for mentors and mentees, monitor departmental compliance
- ◆ Develop a "practical" faculty guide to a successful academic career at The School of Medicine
- ◆ Facilitate communication among faculty and administrators
- ◆ Develop a family resource handbook to identify community resources for child care, elder care, sick child care, schools, summer programs

**6. Greater flexibility and awareness of part-time faculty positions. Faculty that work part-time but greater than 50% should be allowed to extend their promotion probationary period proportionate to the decrease in their full-time status.**

The Handbook for Faculty and Academic Administrators of the University of Pennsylvania states that faculty may elect to work part-time with an extension of the mandatory promotion period but only with a 50% reduction in duties. For every 2 years at 50% the probationary period is extended one year up to a maximum of 6 years at 50% or a 3-year extension (13-year total probationary period). Ms. Mulhern and Dr. Goodman agreed that it is premature to determine the long-range impact this policy will have on faculty development/promotion or how it will be viewed by COAP since it is a relatively recent change in policy.

Our discussions indicate that most faculty members are relatively unaware of this policy although women are better informed than their male colleagues. A more disturbing finding was that some Division Chiefs are unaware of the existence of part-time positions or are unwilling to consider it a viable option for their faculty. Part-time opportunities should be available to all faculty in accordance with the guidelines stated in the Faculty Handbook.

The faculty indicated in our informal interviews and in the Task Force Report that they would like to have the option of greater flexibility in part-time positions. A 50% reduction in salary and benefits is not a realistic option for every faculty member whereas a modest reduction of 20 – 25% would enable them to work and afford childcare. This would be a particularly important change for women faculty who find it difficult to balance their career and family obligations. Seventy-five percent of Medicine faculty cited "too many time pressures" and 62% of the respondents were concerned about "burnout." Hence, it is likely that this change might enhance the careers of both female and male faculty. One suggestion is that the faculty member and Department Chair agree upon an academic plan, which includes percent of work hours and length of mandatory probationary period for approval by COAP. For example, if a

faculty member requests to work 80% time (20% reduction in duties) for 5 years he/she should be able to extend their mandatory probationary period for one year.

**7. All departments should have written maternity and family leave policies, defining a minimum leave in accordance with University policy.**

Two years ago, the School of Medicine approved a one-year extension of the mandatory promotion period for faculty requiring either maternity or family leave of absence. Vicki Mulhern reported that faculty have begun to utilize the maternity/family leave policy which she confidently believes will not negatively impact their promotion process. According to the Department of Medicine Task Force report, women medical faculty members are well informed on the maternity/family leave.

While this has been viewed as a very positive policy change, discussions with women faculty indicate that they are not satisfied with the lack of written and uniform maternity leave policies. There are wide disparities in the current maternity leave policies across departments. Many faculty have used their vacation time or taken unpaid leave under the Federal Family Medical Leave Act. The Faculty Maternity Leave Policy in the Handbook for Faculty and Academic Administrators of the University of Pennsylvania states:

“A member of the standing faculty who bears a child will be relieved of teaching duties, without loss of salary or benefits, during an academic semester if incapacity due to the prenatal, delivery and recovery period would reasonably require her to interrupt the teaching of her courses in that semester for three or more weeks. For purposes of determining whether teaching would be interrupted, it is presumed that a woman will be incapacitated for six weeks following delivery. In such cases, the chair of the department or the dean of the school, in consultation with the Provost's Office, will make such arrangements as are necessary and appropriate with regard to covering her teaching responsibilities, including the canceling of an affected course or the employment of substitute instructors. This relief from teaching duties is not a leave of absence. Outside the period of incapacity, and as compatible with her particular situation, the faculty member will be expected to meet her other normal departmental and University responsibilities, including research, committee membership, and advising. The preceding sentence does not authorize assignment of additional such duties to compensate for the period of necessary absence from the job”.

This policy does not take into consideration the physical demands that face many women faculty that have largely clinical responsibilities in the School of Medicine when they return to work six weeks after delivery. The Working Group recommends that a minimum maternity leave policy be agreed upon in accordance with the University and the Federal Family Medical Leave Act. Maternity leave policies should be reasonable. The option of allowing additional leave should be at the discretion of the individual departments and should not be limited by the University's policy. For example, the Department of Emergency Medicine, one of the few departments with a written policy, states:

“Female faculty with appointments in Emergency Medicine are entitled to 8 weeks paid leave for pregnancy or adoption. After one year of service, female faculty may elect to add vacation or CME time to the leave for a total of 12 weeks of pregnancy/adoption leave during one academic year. Prior to one year of service female faculty may take an additional 4 weeks off without pay.”

**8. There should be greater recognition of teaching, clinical and divisional or departmental administrative responsibilities (e.g. residency director, academic coordinator, course director) in the promotion process.**

Currently, there is a perception that teaching and administrative positions such as residency directors and clinical clerkship directors are under-valued in the promotion process at Penn. In addition, there is a perception that many of these time-consuming positions are held by women faculty and may place them at a disadvantage for promotion. Medicine faculty indicated in the faculty survey that there is inadequate recognition for clinical work (58%) and for teaching (62%). Many faculty, particularly in the C-E track, have indicated in informal discussions and in the survey that they feel overwhelmed by clinical responsibilities (59%) and have not had protected time to pursue scholarly activities necessary for their promotion. The Working Group recommends that COAP consider expanding the promotion criteria for C-E Track faculty.

**V. ISSUES DISCUSSED NOT LEADING TO RECOMMENDATIONS**

Although the Working Group was asked to consider the need and impact of on-site childcare we did not think that this would be a financially possible recommendation, and therefore, chose not to pursue this issue further. It is

very difficult to obtain the necessary data to address the salary parity issue for women faculty therefore, the subcommittee chose not to pursue this issue further, although there was agreement that salary parity for women faculty members is an issue and should be investigated.

## **VI. CONCLUSION**

The Subcommittee on Women of the Faculty 2000 Special Opportunities Working Group focused on quality of life issues and the inherent challenges in academic medicine for women faculty at the School of Medicine. Implementation of these recommendations should result in increased recruitment of outstanding women candidates, and more importantly, the retention and promotion of the existing women faculty at Penn. To further advance the careers of Penn's women faculty members the School of Medicine has to make a firm commitment to programs for professional and personal development, and seriously consider the changes in policy proposed in this report. Although developed with women faculty in mind these recommendations should benefit all faculty in the School of Medicine.

**THE APPENDIX MATERIAL BELOW CAN BE FOUND AT THE MEDICAL SCHOOL FACULTY SENATE WEB SITE ([www.med.upenn.edu/senate](http://www.med.upenn.edu/senate))**

### **◆ 1999 Benchmark Data: Gender Statistics of Faculty University of Pennsylvania School of Medicine**

1. Distributions by Rank and Gender (includes Tenure, Clinician-Educator, Research tracks)
2. Distributions by Rank and Gender, Standing Faculty
3. Gender Breakdown Penn Medical School Faculty across Ranks
4. Gender Distributions within Ranks
5. Gender Distributions of Medical School Faculty within Ranks, Penn compared with AAMC National Data
6. Distributions by Track and Gender
7. Gender Distributions within Tracks
8. Distributions within Tenure Track by Rank and Gender
9. Distributions within Clinician-Educator Track by Rank and Gender
10. Distributions within Research Track by Rank and Gender
11. Gender Distributions by Clinical Department
12. Gender Distributions by Basic Science Department

## **WORKING GROUP on SPECIAL OPPORTUNITIES**

### **Subcommittee on Minorities**

#### **I. RECOMMENDATIONS**

##### **1. The School of Medicine should enhance its minority faculty recruitment and development efforts.**

- ◆ The School should make an institutional commitment to continue the minority faculty development programs of the Center of Excellence on Minority Health if external funding for the Center terminates.
- ◆ Basic science departments should track and actively recruit the minority graduates of Penn's doctorate and combined degree programs.
- ◆ The School of Medicine should establish additional funds to support the faculty development of minority fellows, postdoctorates, and instructors. Support for promising fellows and postdoctorates during the interim between fellowship or postdoctoral training and their appointment as assistant professor is critical. To provide some of this support, the School should match funds (reserved to support research and scholarly work) provided by the Center of Excellence.
- ◆ To increase the likelihood of a successful academic career for minority faculty, the department chairs and division chiefs should assist minority faculty to adhere to the academic plans jointly agreed to by minority faculty and department chiefs at appointment.
- ◆ Support for minority recruitment and retention should be clearly stated in the mission and strategic plans of the University, the School of Medicine, and its Departments.
- ◆ Departments should be rewarded for increasing the recruitment of minority faculty and for increasing the number of minority faculty who attain the rank of associate professor.

## **2. A centralized mechanism, such as an Office of Faculty Development, should assist departments with minority recruitment and retention.**

This office can maintain a listing of openings in faculty positions; obtain data on minority faculty that leave Penn; assist in monitoring the adherence of departments with the faculty academic plans; and maintain a database on minority fellows; postdoctorates, and combined degree students.

## **II. CHARGE TO THE WORKING GROUP - Subcommittee on Minority Faculty**

The Medical School Faculty Senate and the Faculty 2000 Steering Committee charged the working group to address a variety of issues related to minority faculty recruitment and development including the role of the Center of Excellence on Minority Health. The subcommittee sought answers to the following questions:

- ◆ How effective is the School of Medicine in the recruitment and retention of minorities?
- ◆ Does the environment support junior faculty, especially minorities?
- ◆ Are minorities called upon to perform a disproportionate amount of teaching, clinical and administrative service?
- ◆ In what ways does the School of Medicine support the Center of Excellence on Minority health, and does this support target appropriate issues for minority faculty?
- ◆ What school or university-wide networks, mechanisms, or programs (including mentoring) can improve the recruitment and retention of minority junior faculty?

## **III. PROCESS OF INQUIRY**

### **Definition of Minority Faculty**

This report defines minorities according to the guidelines used by the Bureau of Health Professions (BHP), Public Health Service, the federal bureau responsible for most physician education in US schools of medicine. The Bureau defines minorities by ethnic groups under-represented in the physician workforce, referring to minorities as African Americans, all Hispanics, Native Americans, Alaskan/Pacific Islanders, and selected Asian Groups (but excluding Chinese, Japanese, and Koreans). Using the BHP definition, minorities at Penn are comprised almost entirely of African Americans and Hispanics. Because the numbers of instructor-rank faculty vary greatly in US schools of medicine, the subcommittee chose to exclude the instructor rank in calculating the number of Penn faculty in this report. Therefore, the seven Penn minority faculty in the clinical tracks and the five minority instructors are not included in many aspects of this report although they represent a potential source of full time faculty.

### **General approach**

The subcommittee met several times to review existing data from Penn (Center of Excellence on Minority Health, and the Office of Faculty Affairs), and from the Association of American Medical Colleges (AAMC), and to create and review the results of a minority faculty survey. When possible, the subcommittee sought to obtain minority faculty data over a five year period. Because fellows and post-doctorates are vital steps in the pathway to faculty status, the subcommittee also sought information on these trainees at Penn. For comparison purposes the subcommittee sought data on the national performance of schools of medicine and on the performance of select peer institutions.

The ethnic-specific issues important to minority faculty have to be placed in a larger context of crucial issues generic to all faculty. For example, the pressure on clinical department faculty to provide clinical service and scholarly work, a generally unstructured mentoring process for junior faculty, and the failure of some department chiefs to adhere to a previously agreed-upon academic plan for the minority faculty, are problems shared by other faculty. However, these general concerns have a disproportionate impact because of the small numbers of minority faculty.

### **Specific data elements:**

The data in this report include:

- ◆ Penn Minority faculty 1994-1999 : numbers, departments, faculty track, and faculty rank (source: Office of Faculty Affairs and Departmental communications)
- ◆ Survey of Penn minority faculty (source: working group subcommittee)

- ◆ Results of a 1997 survey of Penn Medical School Department Chairs regarding recruitment and retention of minorities (source: Center of Excellence on Minority Health)
- ◆ Number of Penn minority fellows since 1996 (source: Departmental communications)
- ◆ National faculty data from the AAMC: (source: AAMC website)
- ◆ Faculty data from select US schools (Office of the Dean, select schools)
- ◆ Role and Medical School support of the Center of Excellence on Minority Health (source: Center staff )

Further discussion of these data is contained in an appendix.

#### IV. DISCUSSION OF RECOMMENDATIONS

##### *1. The school of medicine should enhance its minority faculty recruitment and development efforts:*

##### **A. The School should make an institutional commitment to continue the minority faculty development programs of the Center of Excellence on Minority Health if external funding for the Center terminates.**

The Center of Excellence on Minority Health, now in its seventh year of operation, undertakes a significant proportion of minority recruitment and retention efforts that the School and its Departments would otherwise undertake. The mission of the Center of Excellence on Minority Health of the School of Medicine, University of Pennsylvania, is to enhance the health of under-represented minorities, particularly African Americans and Hispanics, by creating, conducting, facilitating, and evaluating health care programs and projects targeted at African Americans and Hispanics. Funded mainly by the Bureau of Health Professions, the Center operates as an integral part of the University of Pennsylvania and the University of Pennsylvania Health System. The principal goals of the Center are to prepare African American and Hispanic medical students and faculty for leadership positions in the health professions workforce, to facilitate research on minority health, and to assist the School of Medicine in modifying its curricula so that its students, residents, fellows, and faculty are prepared to provide excellent care to a diverse population. The Center's activities and programs related to faculty include salary support for promising new faculty, funding of pilot research, assistance with design and conduct of research projects, annual workshops on scientific writing and teaching, general advice and counseling, and annual counseling programs for all new minority faculty regarding mentoring and promotions at Penn.

Though mostly non-fiscal, the School of Medicine has provided vital support for the Center. Of the Center's annual federal budget of approximately \$500,000, \$200-250,000 per year is devoted to faculty recruitment and development. The Center's federal funds are supplemented by about \$70,000 per year in direct funds from the School of Medicine, of which about half is directed to faculty recruitment and development. However, the Dean, vice-deans, and department chairs annually meet with the Center staff to discuss recruitment and retention strategies. Several department chiefs (Medicine, Psychiatry) and center directors (Center for Clinical Epidemiology and Biostatistics, Institute on Aging) provide in-kind support of Center activities.

##### **B. Basic science departments should track and actively recruit the minority graduates of Penn's doctorate and combined degree programs**

The most striking shortage among minority faculty is in the tenure track and the basic science departments. With the exception of three assistant professors in basic science departments, and one professor in the Department of Biostatistics and Clinical Epidemiology, all the minority faculty discussed in this report are in clinical departments. Given the national shortage of minority basic scientists, Penn should strive to attract its own graduates to this institution upon completion of their training.

##### **C. The School of Medicine should establish additional funds to support the faculty development of minority fellows, postdoctorates, and instructors. Support for promising fellows and postdoctorates during the interim between fellowship or postdoctoral training and their appointment, as assistant professor is critical. To provide some of this support, the School should match funds (reserved to support research and scholarly work) provided by the Center of Excellence.**

Although there has been a growth in the absolute number of minority faculty since 1994 (n=34), the growth in minority faculty has not matched the growth in overall faculty. Currently 3.2% (40/1231) of the Penn faculty are minorities compared to 3.3% in 1994. There is currently seven-minority faculty in the tenure track, one in the research track, and the remainder (80%) are clinician educators. Of the Penn minority faculty, 62% (25) are assistant professors, 10% (4) are associate professors, and 28% (11) are professors.

The University is not taking advantage of its most readily available source of future minority faculty: the current junior faculty, fellows, combined degree students, and postdoctorates. Since 1993-1994, 23 minority faculty have been appointed to the assistant professor rank in the standing faculty, and the number of minority assistant professors is about 20 % larger than it was in 1994. Note that of the new recruits, half were trained at Penn. However, 17 minority faculty have left Penn since 1994. There are not accurate data on the destination of the departed faculty. Thus, the greatest challenge for the university is moving the minority faculty to the associate professor level.

Minority fellows and postdoctorates represent an important source of internal faculty recruitment. Some of these fellows have expressed a desire to remain at Penn if funds were available to start an investigative career. One source of funding is to match faculty development salary funds (for protected research and scholarly work ) provided by the Center of Excellence on Minority health, by making a three year commitment to new faculty with strong academic potential.

**D. To increase the likelihood of a successful academic career for minority faculty, the department chairs and division chiefs should assist minority faculty in adhering to the academic plans jointly agreed to by minority faculty and department chiefs at appointment.**

Given the few minority faculty at Penn particularly, in the tenure track, and the small number of minority faculty who progress to the level of associate professor in the clinician educator or tenure track, the impact of inadequate amount of time for scholarly work is great. For example, in the tenure track, there are only two African American faculty and three Hispanic assistant professors. Thus, it is imperative that the School develop mechanisms to protect the scholarly time of these faculty commensurate with their academic plan.

**E. Support for minority recruitment and retention should be clearly stated in the mission and strategic plans of the University, the School of Medicine, and its Departments.**

The absence of clear and visible mission statements and strategic plans regarding minority faculty recruitment and development contributes to uneven or unsuccessful minority recruitment and retention. The distribution of minority faculty across departments varies: 8 in medicine, 6 in pediatrics, 5 in obstetrics/gynecology, 4 in radiology, emergency medicine, psychiatry, dermatology, and anesthesia, 3 in orthopedics, and 1 in several other departments.

**F. Departments should be rewarded for increasing the recruitment of minority faculty and for increasing the number of minority faculty who attain the rank of associate professor.**

A variety of mechanisms can be established to reward departments for their efforts to improve minority faculty recruitment and retention.

**2. A centralized mechanism, such as an office of faculty development, should assist departments with minority recruitment and retention.**

Some of the elements of faculty recruitment and retention efforts should be centralized in the School of Medicine. Currently one of the greatest deficiencies is inadequate tracking of minority fellows, postdoctorates, and combined degree students. Information systems regarding minority fellows, postdoctorates, and faculty are deficient or cumbersome, and tracking of current minority fellows and postdoctorates is difficult. Since 1996, 27 minority fellows have been recruited to Penn (13 AA and 14 Hispanic). However, there are not accurate data on the destination of these fellows upon completion of their training. Nor are minority faculty tracked upon departure from the School of Medicine. At the very least, exit interviews might give useful insight about potential changes that would result in retention of minority faculty.

Among its many functions, the proposed office can maintain a listing of openings in faculty positions; obtain data on minority faculty that leave Penn; assist in monitoring the adherence of departments with the faculty academic plans; and maintain a database on minority fellows; postdoctorates, and combined degree students.

## **V. TOPICS CONSIDERED: NOT LEADING TO RECOMMENDATIONS**

The subcommittee discussed but did not formulate recommendations regarding several other crucial issues either because the data were inadequate, or it could not formulate measurable outcomes. There is a sentiment among the minority faculty that minority faculty recruitment is often conducted in a lackadaisical, or unenthusiastic manner, and that the contributions of existing faculty are ignored. The subcommittee had no information with which to draw conclusions or derive recommendations about salary equity. Last, the minority faculty expressed concerns similar to those of the general faculty about the lack of systematic mentoring and about the promotions (process and the criteria) process.

## **VI. DISSENTING VIEWS - None**

## **VII. CONCLUSIONS**

The proportion of Penn faculty who are minority is comparable to that of most US medical schools (using AAMC data, and counting all Hispanics). However, the growth in minority faculty has not kept pace with the overall growth of Penn Medical School faculty. Recruitment in the basic sciences and in the tenure tracks is particularly low. If Hispanics were restricted to Mexican-Americans and mainland Puerto Ricans, the Penn numbers would be strikingly low. Departments at Penn have a wide variability in their recruitment and retention of minority faculty, with some departments consistently high and others consistently low. There is a considerable turnover of minority faculty over a period of five years. Although the number of assistant professors has been steadily increasing, and the number of professors has increased to a lesser extent, the number of associate professors at Penn each year has remained about the same or decreased slightly. Thus, the University is not taking full advantage of the opportunity to develop those minority faculty that reach assistant professor status. Funds are especially needed for young faculty and instructor-level fellows and postdoctorates who desire physician scientist careers. Centralized efforts under the auspices of an Office of Faculty Development working in concert with the Center of Excellence on Minority Health would greatly assist the School in increasing its minority recruitment and retention.

### **APPENDIX DATA FOUND ON THE MEDICAL FACULTY SENATE WEB SITE ([www.med.upenn.edu/senate](http://www.med.upenn.edu/senate))**

- ◆ **Survey of Penn minority faculty**
- ◆ **Results of a 1997 survey of Penn Medical School Department Chairs regarding recruitment and retention of minorities (source Center of Excellence on Minority Health)**
- ◆ **National faculty data from AAMC**
- ◆ **Figure: distribution of Penn minority faculty by rank over the past 5-6 years**
- ◆ **Survey questionnaire**

## **WORKING GROUP on SPECIAL OPPORTUNITIES Subcommittee on Faculty with Disabilities**

### **I. RECOMMENDATIONS**

- ◆ Implement the Mandate for Equal Opportunity. The mission statement of the medical school should support the equal recruitment and retention of people with disabilities.
  - ◆ The mission statement of the School of Medicine should support the recruitment and retention of individuals with disabilities.
  - ◆ There should be no bias against the recruitment of people who have disclosed disabilities.
- ◆ Reduce substantial physical barriers at the Medical Center.
  - ◆ Ramps need to be centrally located and made accessible in all weather conditions.
  - ◆ Vehicles blocking access ramps and dysfunctional automatic doors should be eliminated.
  - ◆ External and internal (including bathroom) doors and facilities (e.g. bathroom stalls) should be wheelchair accessible.
- ◆ A faculty member with a disability should be a permanent member of the University and Medical Center's committees involved with Architectural Planning, Plants and Operations. Address nonphysical barriers to equal opportunities.
- ◆ Senior faculty (including chairs), COAP, and the School's ombudsman should be exposed to basic information about disabilities including rights to voluntary disclosure, pre-employment equities, conducting an effective job interview with people who have visible disabilities, reasonable accommodations, etc.
- ◆ Financial and administrative support should be provided to support The Office of Faculty Development specifically in the area of Affirmative Action and Accommodations. This office may provide mentoring programs, counseling, and support which will enhance the recruitment and retention of "minority" faculty with disabilities.

- ◆ The affirmative action-office should maintain a database of faculty who have disclosed their disabilities and given permission to include that information. This data will provide information about the recruitment, retention and promotion of faculty with disabilities.
- ◆ The Committee on Appointments and Promotions (COAP) should review the promotion process for faculty with disabilities.
  - ◆ Faculty with disabilities should be held to the same academic standards as other faculty.
  - ◆ Skill competency assessment should be limited to the stated responsibilities of the faculty member.
  - ◆ COAP should not consider the disabilities of faculty when those disabilities have no influence on his/her academic roles and responsibilities.
  - ◆ The need for accommodations for disability should have no relevance to the evaluation and promotions decisions.
- ◆ Adjustments to the mandatory probationary period should be allowed to accommodate a faculty member with a disability or chronic disease. Faculty with disabilities should be advised that they may elect to work part-time under the same policy that applies to all faculty.
- ◆ Reasonable accommodations should be sought to provide equity in the work place.
  - Assistance for procuring equipment should be made through the University's Office of Affirmative Action program for faculty with a disability.
  - A small proportion of the University budget should be set aside for the purchase/rental of equipment.
  - Acknowledge that this requires negotiation and when individual preferences cannot be honored or there is a conflict the School's ombudsman should act as a mediator.
- ◆ The disclosure of disabilities should be a voluntary and confidential process. The administration, department chairs and division chiefs should recognize privacy issues and the fear of disclosure.

## **II. CHARGE TO THE WORKING GROUP - Subcommittee on Faculty with disabilities**

The Medical School Faculty Senate and the Faculty 2000 Steering Committee charged the Working Group with addressing the following issues related to faculty with disabilities:

- ◆ To identify the issues faced by faculty with disabilities at Penn in the physical environment, nonphysical barriers encountered, evaluations and promotions, inclusion, work satisfaction and quality of life, privacy rights, positive and negative consequences of disclosure, etc.
- ◆ To identify necessary accommodations so that faculty at Penn who have disabilities will have equal opportunities and achieve their potential.
- ◆ To examine the policies, practices, and adaptations for faculty with disabilities in comparable peer institutions.
- ◆ To identify potential solutions to improving equal opportunities in recruitment, retention and promotion of faculty with disabilities.

## **III. PROCESS OF INQUIRY**

A subcommittee of the Special Opportunities Working Group was established. In addition to regular meetings during the Fall of 1999 and Winter of 2000, the subcommittee obtained information from the following sources:

- ◆ University of Pennsylvania policies relevant to disabilities including the Information for Penn Students with Disabilities (draft), Voluntary Self-Identification Program for Students with Disabilities, Office of Affirmative Action and Equal Opportunity Programs Voluntary Self-Identification Program for Disability and Veteran Status, The Reasonable Accommodation Process for Faculty and Staff with Disabilities.
- ◆ Handbook for Faculty and Academic Administrators of the University of Pennsylvania Chairman of the Committee on Academic Promotions (COAP) met with the Working Group and addressed issues relevant to faculties with disabilities.
- ◆ Interview with David Goodman, M.D., Ph.D., Professor and Chair of COAP
- ◆ Affirmative Action Council (9/98-5/99) Report submitted to President Judith Rodin.
- ◆ Affirmative Action Council Final Report by the Subcommittee on People with Disabilities (5/99).
- ◆ Statistics on Students with Disabilities (1990-1998).

Note: There were no statistics available regarding faculty with disabilities, no repository for this information and no single site identified to gain access to information regarding accommodations for faculty with disabilities. Disability-relevant matters and mediation regarding adaptive devices or other accommodations were not in the domain of the ombudsman or another identified staff member or office.

- ◆ The Disabled Student in Medical School: An Overview of Legal Requirements (handbook of The Association of American Medical Colleges, 1995).
- ◆ Peer institutions' policies and practices were explored via telephone and the internet including policies at Harvard and Dartmouth Medical School Memoranda and Policies: Documenting a Disability and Obtaining Accommodations, Guidelines for Expert Evaluations, Disability Coordinator and College Disabilities Office, Diagram of Key School Relationships Concerning Disabilities, etc.
- ◆ Technical Standards for Medical School Admission and Completion of Degree Program, Penn School of Medicine, Draft, 1992.
- ◆ The Americans with Disabilities Act of 1990 so as to clarify the federal mandates.
- ◆ A survey was prepared to solicit faculty experiences, perceptions, and feedback regarding relevant accommodations necessary to reduce the physical and nonphysical barriers for faculty with disabilities at Penn.
- ◆ Informal interviews were conducted with faculty with disabilities who were known or referred to members of the subcommittee. Several faculty at peer institutions were interviewed by phone or e-mail to understand their experiences and obtain feedback, as well as ascertain the general level of accommodative services provided at peer institutions.

#### **IV. BACKGROUND FOR RECOMMENDATIONS**

The Penn Handbook notes that the University of Pennsylvania intends to provide the highest quality of research, education and service. In support of this mission, we seek talented individuals who contribute unique strengths and a diversity of talents to our community. We therefore promote opportunities for all qualified persons in accordance with the laws governing equal opportunity in employment and this Affirmative Action Plan. The expressed commitment is that Penn will not discriminate on the basis of disability or disability status, that the principles of equal opportunity employment will be used, and that policies are written to assure that affirmative action is practiced and monitored.

The Program for People with Disabilities in the Office of Affirmative Action and Equal Opportunities Programs (OAA/EOP) coordinates disability services and addresses inaccessibility issues for students at Penn. There is a policy regarding voluntary self-identification for students and faculty, and accommodation procedures and the rights of employees with disabilities are outlined. The PPD will provide letters for faculty members certifying the existence of a disability and recommending reasonable accommodations; this support is not requested frequently, presumably due to fears of disclosure. Orientation packets for students also elucidate how to gain access to the library and other buildings, particularly when the building is locked. The Association of American Medical Colleges handbook for medical schools serves as a useful resource for medical students with disabilities at Penn. The medical school has responded by evaluating its technical standards for medical school admission and the provision of reasonable accommodations for medical students with disabilities. In 1999, there were two medical students who self-disclosed their disability; previous years range from 0-2 students. In the class entering Penn in 1998, 223 undergraduates with disabilities self-disclosed and 86 graduate students with disabilities requested accommodations.

There is significantly less documentation and faculty awareness of policies and practices for faculty members. The Committee on Appointments and Promotions annual report has no reference to accommodations for faculty with a disability. The Chair of COAP was relatively uninformed and felt that because of the inherent challenges of the promotion process at Penn it might be difficult for a faculty member with a significant disability. However, to the contrary, we are fortunate to have a tenured faculty member with a disability on our faculty and serving as a member of our Working Group indicating that while it may be a challenge it is not impossible to attain tenure at Penn despite a disability. There is relatively little information regarding disabilities or accommodations at the Medical Center.

Faculty members with disabilities who work in peer institutions noted that physical barriers notwithstanding, attitude and frank discrimination are their greatest obstacles. While others typecast faculty with disabilities in specific fields, more typically late onset disabilities allow for the adjustment of workload and workplace to accommodate the changing needs. Many noted the unrecognized advantage of practicing clinical medicine with a disability and the impact of their presence on the overall milieu as well as patients' responsiveness to them. There was a variable degree

of satisfaction with the accommodations made for their disabilities, and a wide diversity of accessibility issues across geographic regions of the United States.

### **Summary of Interviews with Faculty at Penn who have a disability**

Faculty members with disabilities who work at Penn and agreed to be interviewed note a pervasive disinterest in matters pertaining to disability. Beyond the neglect, they described a fear of disclosure that was noteworthy for its inclusion of faculty and administration on every level. Only the most visible of disabilities force disclosure, although this did not necessarily result in accommodations. They note the culture of Penn as emphasizing the denial of disability and imperfection or any association with weakness. Penn is felt to be considerably behind peer institutions in promoting inclusion, integration, compassion, and the celebration of diversity.

The absence of clear avenues for discussion of concerns regarding promotions, accommodations, and accessibility lead most to a silent and lonely tenacity. Many described their experience stuck on a snow or leaf covered ramp, trapped between two heavy sets of doors, unable to access a toilet, or forced to use a loading dock or service delivery entrance to a building while their colleagues entered the building in a more aesthetically pleasing fashion. Lastly, the most proactive faculty with disabilities were discouraged by the absence of response to several years of committee work and the recommendations made by the Subcommittee on People with Disabilities to the Affirmative Action Council to increase the support and services provided by the Office of Affirmative Action. Finally, they note the dehumanizing lack of access to significant locations on campus, such as the President's house, with no ramp for the entrance stairs and no accessible bathrooms. The last request for a response was directed to the President's Office in August of 1999. Skepticism that Penn would provide accommodations was the typical response to our request for feedback, and those that remained at Penn felt little hope for improvement in the quality of their work lives or even the acknowledgment that faculty at Penn do have disabilities. One graduate student addressed the University Council echoing the faculty's concerns. Because no one expects Penn students, faculty, or staff to be disabled, there is no avenue for addressing systemic change in academic programs. No one considers the impact of various decisions and existing policies on graduate and undergraduate students with disabilities or is concerned with recruiting and retaining faculty with disabilities or seems to care if the library is usable by those with disabilities.

### **Summary of Results of Survey of the Faculty**

Approximately 10% (n = 120) of the School's faculty responded to an e-mail survey. The majority of the faculty printed and mailed their responses as requested by the sub-committee to assure anonymity. Approximately 10% of the respondents acknowledged that they had a disability, half noted some accommodations had been made (e.g. new furniture, reduced night call, increased non-clinical time). The majority cited physical and nonphysical barriers as posing significant obstacles. These included the distance and lack of direct wheelchair access between two buildings, parking lots, inadequate secretarial support, lack of low vision accommodations. Nonphysical barriers included the fear of going public given the perception of disability equates with less valuable, less productive, less worthy of support and an attitudinal change in administration, i.e. obeying the law and welcoming diversity are very different.

Faculty with disabilities recommended changes in accommodations such as alterations and increased privacy in workspace, bathroom accessibility near the office, wheelchair accessible shuttles between Presbyterian Hospital/HUP, knobs on doors and faucets, restored taxi service at the main hospital entrance. They recommended available support staff to run an errand, use of conference calls or teleconferencing to join meetings at a distance, short-term support during grant writing period, and confidentiality from colleagues who are aware of the disability status. They would like to see more flexibility in work schedules and an extension of the probationary period for promotion.

The most significant feedback from faculty who do not report having disabilities is the awareness of the inaccessible environment at Penn and concern regarding this on behalf of their colleagues with disabilities as well as for their own future.

## **V. DISCUSSION OF RECOMMENDATIONS**

### **1. Implement the Mandate for Equal Opportunity**

- ◆ **The mission statement of the medical school should support the equal recruitment and retention of people with disabilities.**
- ◆ **There should be no bias against the recruitment of people who have disclosed disabilities.**

The prohibition against discrimination on the basis of disability includes an obligation to make reasonable accommodations to meet the needs of faculty with disabilities so as to ensure equal opportunity in hiring, sustaining employment, evaluations and promotions.

Support for the equal recruitment and retention of people with disabilities must be clearly stated in the mission statements of the University, the medical school, and individual departments in language that is similar to that used for minorities and women. Outreach should occur at various professional organizations including the American Association for the Advancement of Science. There should be no bias against the recruitment of people who have disclosed disabilities. Enhancement programs should be developed to recruit, promote, and retain "minority" faculty with disabilities, e.g. incentive scholarships, mentoring program, counseling, and support.

Financial and administrative support should be provided to support an Office of Faculty Development specifically in the area of Affirmative Action and Accommodations. This office should work closely with the University of Pennsylvania's Office on Affirmative Actions-Office for People with Disabilities so that they can serve as the central resource and build an infrastructure throughout the University for providing the necessary service and support for faculty with disabilities. A formal mentoring program should be established for junior faculty among senior faculty who have an understanding of disabilities. The affirmative action office should maintain a database of faculty who have disclosed their disabilities and given permission to include that information. This data will provide information about the recruitment, retention and promotion of faculty with disabilities.

## **2. Reduce Substantial Physical Barriers at the Medical Center.**

- ◆ **Ramps need to be centrally located and made accessible in all weather conditions.**
- ◆ **Vehicles blocking access ramps should be ticketed and towed.**
- ◆ **Automatic doors should be checked for operation regularly and maintained.**
- ◆ **External and internal doors (including bathroom) should have push handles and should be wheelchair accessible.**

Faculty with disabilities face unique barriers because of accessibility issues and the potential influence of their conditions on work capacity. Barriers to participation range from the hospital and university physical plant, to the institution's social climate and academic infrastructure. Some of those barriers can be overcome as the University continues to work out issues of physical accessibility. Accessible routes from building entrance to job site need to be assured (e.g., the presence of the ramp is irrelevant if the door to get out is too heavy or locked after hours). Poor signage can exacerbate the problem, as can multiple levels in attached buildings. Access to the new clinical and research buildings (BRBII/III) is sub-optimal. Future architectural plans need to include feedback from individuals with disabilities and ADA consultants to reduce physical barriers. Electric doors are frequently non-operational, and there is no clear avenue for obtaining repairs. Moreover when doors are not operational, it is often impossible for an individual using a wheel chair to alert others inside the building of their efforts to gain access. Most faculty recognized the University campus as presenting extreme barriers to physical access and mobility.

Ramps need to be present at all central locations-in positions aesthetically equal to able-bodied entrances. They should be accessible in all weather conditions: Leaves, mud, puddles, and snow pose formidable obstacles even to motorized wheel chairs. Partial clearing of ramps is equivalent to not clearing and represents a particular hazard as people can attempt to gain access and be hurt or stuck.

Automatic doors should be checked for operation regularly. A clear avenue needs to be established for reporting mechanical failures and for fixing them quickly. For example, the automatic opener might place a central maintenance number in clear view.

Internal doors and bathroom doors should have push rather than pull handles. At least one bathroom stall on each floor should be wheelchair accessible.

A faculty member with a disability should be a permanent member of the University and Medical Center's committees involved with Architectural Planning, Plants and Operations.

## **3. Address Nonphysical Barriers to Equal Opportunities.**

- ◆ **Department Chairs, Division Chiefs, COAP, senior faculty and the School's ombudsman should be exposed to basic information about disabilities including rights to voluntary disclosure, pre-employment equities, conducting an effective job interview with people who have visible disabilities, reasonable accommodations, and appropriate adaptive strategies for individuals who have a disability.**

Non-physical or social climate barriers can be removed by education. The first social climate barrier has to do with negative expectations. When a person with disability is expected to fail, success become even more difficult. The second social climate barrier is the opposite; some people believe that those with disabilities who have "made it" must have extreme human capabilities. That unrealistic expectation is as damaging as expecting failure. It is important to guard against both extremes, and to judge the person in the light used for the able-bodied such that the true collection of skills, capabilities, and limitations become clearly evident.

Denial of disability may be another significant factor; Penn physicians often behave as if disability is a form of legitimized deviance (Renee Fox, 1999). Physicians are reluctant to disclose their disability with peers and patient but disability is not always negative. In the case of clinicians with a noticeable disability, their achievements can serve to inspire those patients struggling to regain meaningful lives following catastrophic illnesses or injury. People with severe disabilities confront some of the same ills as those who are economically disadvantaged, or who are members of a racial minority.

**4. The Committee on Appointments and Promotions (COAP) should review the promotion process for faculty with disabilities.**

- ◆ **Faculty with disabilities should be held to the same academic standards as other faculty.**
- ◆ **Skill competency assessment should be limited to the stated responsibilities of the faculty member.**
- ◆ **COAP should not consider the disabilities of faculty when those disabilities have no influence on his/her academic roles and responsibilities.**
- ◆ **The need for accommodations for disability should have no relevance to the evaluation and promotions decisions.**

Medical school acceptance and academic promotions of faculty with disabilities may require special attention to address the fit of personal abilities (and disabilities) to responsibilities. In the case of those with patient care responsibilities, the institution must assure the physical and mental competence to practice. Yet, inflexible adherence to the long list of "technical skills" used by medical schools, can unduly restrict promotion, unless the skills are interpreted with sensitivity to the goals and responsibilities of the faculty member. For example, it would not be reasonable to fail to promote a person with disabilities based on his or her being unable to meet certain technical standards, when the technical standards are only relevant to a surgical or medicine specialty outside the individual's area of practice. It would be unjust to bar from promotion a person who is (or becomes) blind, hard of hearing or paralyzed if the individual 1) is otherwise qualified, 2) has chosen an area of practice that taps into personal abilities rather than disabilities, and 3) comes up with a reasonable plan to compensate for any disabilities that might affect their capacity to meet technical standards relevant to their areas of practice.

Faculty with disabilities should be held to the same standards as others, recognizing that even the so called "able-bodied" have variable abilities. Successful individuals, whether appearing able-bodied or disabled, excel by seeking professional directions that allow expression of their particular gifts. Similarly successful people avoid professions which tap into areas of less aptitude. For people with disabilities, seeking the best match between abilities and occupational demands becomes even more essential. Moreover, when measuring accomplishments, it is essential that the promotions committee honor the adaptive powers of faculty with disabilities. It is easy to overlook a creative technical solution to a task, where the person by rights of disability would not be expected to meet the technical standard. Creative technical solutions enable people with disabilities to perform usual tasks differently from others but in a competent manner. The fair question relates to competency rather than process. A person with severe disabilities should be promoted if he or she is able to reach the same level of excellence expected of any member of our institution. The promotion process should consider the accomplishments (not the disability). Only when the disability has a major effect on accomplishments either negatively or positively should it be addressed. The key to an equitable promotion process is the appreciation and honoring of the remarkable diversity, creativity, and resilience of many individuals with disabilities.

Evaluation and promotions should not consider the disabilities of faculty when those disabilities have no influence on his/her academic roles and responsibilities. The promotion process should recognize that people with disabilities may have different methods of accomplishing mandated goals. The quality of accomplishment needs to be recognized rather than the means.

The inflexible adherence to standard technical skills should be avoided. Instead, skill competency assessment should be limited to the stated responsibilities of the faculty member. The institution must be assured of the physical and mental competence to practice.

Faculty with disabilities should be held to the same academic standards as others, recognizing that successful individuals (able-bodied or not) excel by seeking professional directions that allow expression of their particular gifts.

5. Adjustments to the mandatory probationary period should be allowed to accommodate a faculty member with a disability or chronic disease.

A mechanism for a faculty member with a significant disability or chronic disease to petition for an extension of the probationary period should be developed. A review process conducted by the Provost, COAP, and the Department Chair should be outlined to review professional documentation as well as personal correspondence from the faculty member describing the need for an extension (and the duration of the extension) given his/her individual circumstance. The Office of Faculty Development through the PPD should assist the faculty member in this petition for an extension, and the process should be clearly articulated in a policy to which faculty can easily refer. This parallels the Family Leave Act.

**6. Reasonable accommodations should be sought to provide equity in the work place.**

- ◆ **Assistance for procuring equipment should be made through the University's Office of Affirmative Action program for faculty with a disability.**
- ◆ **A small proportion of the University budget should be set aside for the purchase/rental of equipment.**
- ◆ **Acknowledge that this requires negotiation and when individual preferences cannot be honored or there is a conflict the School's ombudsman should act as a mediator.**

Modifying work schedules, flexible leave policies, flex time for medical appointments, later start time to allow for transportation and morning preparation improves the experience in a school or work setting. Technology and other assistive devices can be significant in reducing barriers. These include adaptive technologies, TTYs, modifications of training materials, interpreters, amplification devices, etc. Voice technology on elevators, alternative keyboard access strategies, enlarged print for handouts, hand-free telephones and dictating equipment are several examples of adaptations that can make the workplace more accommodating. While many believe that such adaptations are costly, the Job Accommodation Network (President's Committee on Employment of People with Disabilities) data reveals that eighty percent of job accommodations cost less than \$500.00. This includes auxiliary aids and services to make aurally delivered materials accessible to persons with hearing disabilities, visually delivered materials accessible to persons with visual impairments, and modification or acquisition of equipment or devices. Often, accommodation involves only creative problem solving and may be virtually cost-free (e.g., providing flexibility in scheduling, seeing patients/students in non-traditional settings, and providing extra time for projects).

Under the terms of the Americans with Disabilities Act, accommodation must be made unless doing so would so fundamentally alter the nature of the service provided by the institution or create an undue burden on the institution. In the process of seeking or recommending accommodations, the faculty member with a disability and the faculty mentor need to recognize and address the discomfort on both sides with regard to discussing the disability. The process of identification of reasonable accommodations for each individual should be jointly negotiated by representatives of the institution and the person with the disability, incorporating the unique needs of the individual, as well as what would constitute undue hardship for the institution. Although the institution makes the final decision regarding choice of accommodations, the preference of the individual with a disability should be given primary consideration. If there is disagreement over what would constitute a reasonable accommodation, the effectiveness of each viable option should be discussed and ombudsmen involved.

Disability leave policies at the School of Medicine promote speedy and complete departures. While inability to work results in full disability, remaining employed is most often associated with the lack of accommodations and the risk of ultimate loss of employment. For faculty to obtain disability compensation, an application must be made to SSDI; compensation will be issued once SSDI is rejected. If one chooses full disability, remaining a vital member of the medical community becomes the immediate challenge.

Reasonable accommodations should be sought to provide equity in the work place. When adaptive technologies or accommodations are required to allow the individual to perform critical job functions, assistance for procuring equipment should be made through the Office of Affirmative Action program for individuals with disability. A small proportion of the University budget should be set aside for the purchase/rental of that equipment. People with disabilities should be advised that they may elect to work part-time under the same rules and regulations applicable to all faculty.

Identification of reasonable accommodations for each individual should involve discussion and joint negotiation by representatives of the institution and the person with the disability. When individual preferences cannot be provided or there is disagreement about the accommodation, a faculty ombudsman should be involved.

**7. The disclosure of disabilities should be a voluntary and confidential process. The administration, department chairs and division chiefs should recognize privacy issues and the fear of disclosure.**

Some faculty may not want to disclose or discuss disabilities for fear of discrimination. Able-bodied people often find it difficult to approach the topic. The individual with a disability has the primary responsibility to request an accommodation when one is needed to perform the job. However, when the disability is obvious, and appears to be affecting performance, the senior faculty has a responsibility to inquire whether the person with a disability requires an accommodation. The disability should only become an issue when the senior mentor believes that it is affecting performance, if an accommodation is necessary or if the junior faculty chooses to disclose it. The disclosure of disabilities is a voluntary and confidential process. It is illegal to force a person to disclose.

## **VI. SUMMARY**

The ultimate issue goes beyond disability. It centers on the need to make certain that those with the greatest gifts, vision, abilities and the most socially valuable missions have an equal opportunity to flourish in a nourishing academic environment. There is a two-way street between all faculty and the University that houses them. People with disabilities by the nature of their challenges need to accept that they may have to work harder than others. Yet, only by removing certain barriers can the Penn community appropriately enable their often extraordinary gifts and unique life knowledge.

Achieving the balance of equity is a judgment call in each individual situation because disabilities are so heterogeneous. Accommodations need to be designed so that disability neither incurs unfair advantage or disadvantage. Like all people, people with disabilities are people first with abilities and skills to offer the University community. In addition to many of the same challenges faced by minorities and women, faculty with disabilities are challenged by often overwhelming physical and social barriers to accessibility. The general mandate for equal opportunity should parallel that for women and minorities, as should a number of the recommendations. Yet, the issues of physical plant accessibility, and need for policies regarding them are unique. Access was the most frequently mentioned issue in the survey of faculty.

The development of fair policies on disability is of concern to each and every faculty member, for each of us lives with the ever-present statistical possibility (even probability) of developing a serious illness or disability that will, at least temporarily challenge progression, at some point in our career. Beyond this, many of the environmental changes mandated by the ADA and recommended by this Subcommittee will serve to assist those with temporary physical challenges such as broken legs, or even pregnancy.

**APPENDIX 1 DISABILITY SURVEY (to all faculty) CAN BE VIEWED ON THE MEDICAL SCHOOL FACULTY SENATE WEB SITE ([www.med.upenn.edu/senate](http://www.med.upenn.edu/senate))**

## **WORKING GROUP on SPECIAL OPPORTUNITIES Subcommittee on Research Track**

### **I. RECOMMENDATIONS**

#### **1. The Research Track should be redefined and restructured.**

The Research Track has evolved to serve mainly two different purposes in the Medical School. In some cases, research track scientists serve as "co-investigators" in the laboratories of senior tenure track faculty. In other cases, research track scientists are recruited to establish their own, independently funded laboratories. Use of a single track to accommodate both groups of investigators has led to confusing and contradictory criteria for promotion. We recommend that the Research Track be divided into two tracks: one for scientists who are co-investigators and one for scientists who head their own laboratories.

#### **2. Several specific issues should be addressed in restructuring the Research Track.**

- ◆ Restrictions on teaching by the Research Faculty should be reevaluated to determine why they have been imposed and if they are in the best interests of the University or the faculty.

- ◆ Criteria for promotion for co-investigators on the Research Track should be made more consistent with the responsibilities of this position. Specifically, there should be less emphasis placed on independent scholarship for those who serve as co-investigators.
- ◆ Research Faculty with independent research programs should be included in the Standing Faculty with contracts comparable to those for the Clinical Educators.
- ◆ Research Faculty should have representation on the Medical School Committee for Appointments and Promotions.
- ◆ Research Faculty are not currently eligible for the Faculty Early Retirement Income Allowance Program (FIAP). This policy should be reevaluated.
- ◆ Research Faculty members should have the option to work on a part-time basis.
- ◆ There should be more flexibility for switching from the Research Track to other categories of the Faculty.

**3. The Dean should appoint a committee to evaluate and determine how to implement modifications of the Research Track.**

The special opportunities working group recognized that altering the structure of the Research Track would require modification of the faculty Handbook. Therefore, it was recommended that the Dean of the Medical School and the Provost of the University convene a committee to evaluate the suggested recommendations.

**4. Research Track faculty should be involved in the Faculty Mentoring Program. In many cases, senior Research Track faculty may be the best mentors for junior Research.**

**5. Candidates for the Research Track should be given clearer information about their role as faculty members and expectations for career advancement.**

**II. CHARGE to the WORKING GROUP - Subcommittee on Research Track**

The Medical School Faculty Senate and the Faculty 2000 Steering Committee charged the working group with addressing the following issues related to the Research Track:

- ◆ What are the current missions of the Research Track Faculty?
- ◆ Is promotion in the Research Track fairly defined and consistently administered?
- ◆ How is “productivity” defined for the Research Faculty Track? Is the definition appropriate?
- ◆ What are the University benefits for this faculty and are they commensurate with the requirements for promotion?
- ◆ Should the prohibition on teaching be maintained for the Research Faculty?
- ◆ How do we distinguish between faculty in the Tenure and Research Tracks?
- ◆ Should the Research Track be part of the Standing Faculty?
- ◆ Is it necessary to have a Research Track Faculty? Does it fill an identifiable need within the University and the Health system?

**III. PROCESS OF INQUIRY**

A subcommittee of the Special Opportunities Working Group was established. This group met regularly, in addition to the Working Group meetings, during the Fall of 1999 and Winter of 2000. The subcommittee obtained information from the following sources:

- ◆ Statistical Information on the demographics of the Research Track Faculty in the Medical School was obtained from the Faculty Affairs Office.
- ◆ Handbook for Faculty and Academic Administrators of the University of Pennsylvania.
- ◆ Medical School Committee on Appointments and Promotions (COAP) reports.
- ◆ Two Surveys were prepared. The first was addressed to the Research Track Faculty Members and the second was addressed to the Departmental Chairs and Head of Institutes in the Medical School. These surveys were mailed twice and the response rate was 69% for Department Chairs and 63% for the Research Faculty. Several Research Track Faculty members provided written comments about the advantages and disadvantages of the Research Track. Copies of these surveys are included at the end of this report (Appendices I & II). The major findings from these surveys are summarized below.
- ◆ Handbooks or their equivalents from peer institutions (Yale, Harvard, Johns Hopkins, Stanford, Duke, University of Washington, and University of California) were examined to determine if these institutions have a research track and to identify the rules that govern these tracks.

- ◆ Several formal and informal interviews were conducted. Individuals interviewed included Chairs of two Departments that use the Research Track to serve different purposes, the Current Chair of the Medical School COAP, two Chairs of Clinical Departments at Harvard, and a Professor from the School of Veterinary Medicine at the University of Pennsylvania.

#### **IV. DATA OBTAINED**

##### **A. Definition of the Research Track and Criteria for Promotion**

The following information was obtained from the Handbook for Faculty and Academic Administrators of the University of Pennsylvania and the Reports from the Medical School Committee on Academic Promotions:

- ◆ The description of the Research Track from the Faculty Handbook (last updated 8/5/83) indicates that:
- ◆ “The purpose of Research Faculty appointments is to increase the quality and the productivity of the research programs in the University by permitting the appointment of scholars to the faculty on a non-tenure basis in order to participate in and cooperate with the research efforts of faculty with tenure significant appointments”
- ◆ The Research Faculty is included in the Associated Faculty, not the Standing Faculty, and decisions on whether this group has voting rights are left to individual Schools and Departments.
- ◆ Members of the Research Track typically have no contract beyond their current grant support.
- ◆ No part time appointments are available for Research Faculty.
- ◆ There are restrictions imposed that limit the involvement of this group of faculty in teaching activities. For example, Research Faculty can only supervise graduate students if they meet certain criteria and a letter of justification is approved by the Provost of the University.
- ◆ The criteria for promotion listed by the report for the Medical School COAP indicate that the requirement for excellence in the Research Track is equivalent to that required for Tenure Track Faculty, but evaluation of excellence as a teacher is not considered.
- ◆ Members of the Research Faculty are required to utilize the title, “Research \_\_\_\_\_ (rank) Professor of \_\_\_\_\_ (Department)”.

##### **B. Composition of the Research Track in the Medical School**

There are approximately 120 Research Faculty in the Medical School; this represents approximately 10% of the total faculty. This track has a higher percentage of women than the other two tracks (34% compared to 27% of the CE Track and 16% of the Tenure Track).

Sixty-three percent of the Research Track faculty are at the Assistant Professor level, 25% of the Research Track faculty are at the Associate Professor level, and 12% are Full Professors. This distribution is similar to the CE track and is in contrast to the Tenure track that has nearly 50% of the faculty at the Full Professor level.

- ◆ 75% of the Research Track faculty are in clinical departments.
- ◆ The terminal degree for 87% of the Research faculty is a Ph.D.

##### **C. Current use of the Research Track**

The Research Track has evolved to meet a diverse range of institutional needs including the following:

- ◆ It is used for those who serve within the laboratories of senior tenured or Tenure Track faculty members, usually in co-investigator roles. This group seems to fulfill the original intent of the Research Track as defined in the Faculty Handbook. In this capacity, the committee felt that this group makes important contributions to the research efforts of large groups by providing stability and expertise.
- ◆ Some Departments use Research Track appointments for late stage post-doctoral fellows who are ready to start writing their own grants. The Departmental Chairs appear to take an active role in encouraging these individuals to seek faculty appointments elsewhere after they obtain funding. This provides a valuable path for career development and transition to independence.
- ◆ Many Research Faculty members have been recruited to organize independent research laboratories in clinical departments. These investigators contribute to the national and international prominence of the University. They are committed to the University. They obtain significant extramural research funding.

## D. Summary of Survey Results

- ◆ Although 82% of the Chairs indicated that the Faculty Handbook accurately describes the role of the Research Track in their Departments, only 46% of the Research Faculty felt that the Handbook describes their role.
- ◆ Nearly 50% of the Chairs and 82% of Research Track faculty indicated that the Research Track should be part of the Standing Faculty.
- ◆ Nearly 60% of the Chairs and 40% of the Research Faculty felt that the criteria for promotion in the Research Track were not fair.
- ◆ Of the Chairs, 94% indicated that Research Track Faculty members should be allowed to supervise graduate students if a graduate group feels they are qualified. Currently, 38% of the Research Track faculty report being members of a graduate group and 24% report that they supervise graduate students (for some, only student rotations).
- ◆ The average percentage of a salary supported from grants over the last five years was  $94 \pm 10\%$  (mean  $\pm$  S.D).
- ◆ Of the Research Track faculty responding, 88% reported that they are principal investigators on research grants and 55% reported they are principal investigators on NIH RO1 grants. The average amount of total direct grant support from grants on which Research Faculty are principal investigators was reported as  $\$300,000 \pm 250,000$  per year (40 faculty provided a dollar amount and the value reported is the mean  $\pm$  SD).
- ◆ Slightly more than 50% of the Research Track faculty reported that their Chair and/or his designee explained the Research Track and criteria for promotion prior to appointment.
- ◆ With regard to satisfaction with the Research Track, 7% reported being very satisfied, 36% reported being moderately satisfied, 16% were neutral, 20% were moderately unsatisfied, and 20% were very unsatisfied.
- ◆ Research faculty were asked to give an NIH style score (1 to 5 with 1 being the most important) to five possible changes. The scores  $\pm$  SD (number of responses) are indicated below.

Removal of restriction from teaching/supervising graduate students.	$2.1 \pm 1.3$ (70)
Becoming a Member of the Standing Faculty.	$2.3 \pm 1.4$ (71)
Tenure.	$2.4 \pm 1.2$ (64)
Flexibility to change to the Tenure Track.	$1.8 \pm 1.1$ (68)
A commitment for short term interim support for your salary.	$1.6 \pm 1.1$ (69)
Modification of the criteria for promotion so that less emphasis is placed on independence.	$3.4 \pm 1.6$ (64)

- ◆ Although lack of interim short-term salary support was identified as being most important (with a mean score of 1.6), 75% of the Chairs indicated that they would provide some interim support. This would suggest that the lack of a formal policy causes more insecurity than is necessary.

## V. DISCUSSION OF RECOMMENDATIONS

### 1. The Research Track should be redefined and restructured.

One consideration in the deliberations was to recommend elimination of the Research Track. However, the results of the surveys indicated that approximately half of the members of the Research Track serve as co-investigators in the laboratories of Tenured Faculty, and thus, seem to adhere closely to the original intent of this track.

This is in contrast to the many clinical departments that are using the Research Track to recruit independent investigators to lead their own laboratories. This is not the appropriate track for these latter investigators, but there is an understandable hesitance to increase the ranks of tenured faculty who have no clinical responsibilities. The traditional reluctance of clinical departments to offer tenure to individuals involved full time in research stems from the concern that this group generally does not have appropriate expertise to generate clinical revenue or to teach full time in a clinical setting, in the event of loss of grant support. Yet, it is becoming increasingly more difficult for practicing clinicians to be actively involved in research.

Although clinical departments are under increasing pressure to hold down costs, they still need to maintain a strong academic mission with a research focus. Therefore, many research faculty are being recruited to organize independent research laboratories in clinical departments, with the clear understanding that they will immediately seek (if they do not already have) extramural funding to support all of their effort. Although this solution may correct a

problem for the short term, the high rate of job dissatisfaction noted from the surveys and the comments about the disadvantages of the Research Track suggest that there is a high turnover of this group of faculty. An attempt was made to obtain comparative turnover numbers for this track. The data are not currently available, but it is the impression of Ms. Victoria Mulhern that there is a very high rate of faculty turnover in this track.

Another difficulty with the Research Track, as it is presently applied, is that the criteria for promotion, as defined in the Faculty Handbook and in reports from Medical School COAP, are inconsistent with the co-investigator role of those who serve in the laboratories of tenured faculty. At present, the successful candidate for promotion in the Research Track must show evidence of independence through publication of peer-reviewed articles and grant support. Indeed, the criteria for promotion as listed are virtually identical to those for Tenure Track faculty. Slightly more than 50% of the Chairs acknowledged that this did not seem fair. Research Track faculty who are co-investigators in the laboratory of a tenured faculty member often find it impossible to meet these criteria of independence within the context of their responsibilities as a co-investigator in a senior scientist's laboratory. Furthermore, many of these faculty members are recruited with minimal start-up funds to develop independent projects. Hence, the Research Track faculty member who serves as a co-investigator can be caught in the most unfortunate position of fulfilling his/her job responsibilities very well, but not satisfying the Medical School criteria for promotion. Because a Research Assistant Professor must be promoted within 6 years, the University can lose valuable scientists who fulfill an important role in the continuity of major research efforts.

To resolve the current inconsistencies and confusion in the Research Track, we recommend division of the track into two groups. One track would be designed for those members of the Research Faculty who serve as principal investigators of their own laboratories. The other track would accommodate those members of the Research Faculty who serve as co-investigators in tenured faculty members' laboratories. The two tracks would have distinct criteria for promotion, reflective of their responsibilities and roles within their laboratories.

## **2. Several specific issues should be addressed in the restructured Research Track:**

- ◆ **Restrictions on teaching by the Research Faculty should be reevaluated to determine why they have been imposed and if they are in the best interests of the University or the faculty.** Members of the Research Faculty should be allowed to participate in teaching and mentoring graduate students, although teaching should not be a requirement for promotion. The argument has been made that the University must restrict teaching activities by Research Faculty because of concerns about institutional liability. Specifically, it has been suggested that if Research Track and Tenure Track faculty perform the same job but obtain different benefits, the Research Faculty may have grounds for a lawsuit against the University. There must be a mechanism to remove this liability, since most of our peer institutions do not impose such a restriction. It also seems incongruous with the fact that no restriction exists for Adjunct Faculty members. A large majority of Departmental Chairs (94%) indicated that they thought that Research Track faculty should be allowed to supervise graduate students if a graduate group deems them qualified.
- ◆ **Criteria for promotion for co-investigators on the Research Track should be made more consistent with the responsibilities of this position.** Specifically, there should be less emphasis placed on independent scholarship for those who serve as co-investigators in a senior faculty member's laboratory.
- ◆ **At least certain groups of the Research Faculty should be included in the Standing Faculty with contracts comparable to those available to the Clinical Educators.** There was no clear consensus on whether those who serve as co-investigators should be part of the standing faculty. It was recognized that there is a reluctance to expand the standing faculty in the Medical School, but compared to increasing the number of tenure track slots, expanding the non-tenured faculty creates the least risk for the University and still allows the Medical School to expand its research base.
- ◆ **Research Track faculty should have representation on the Medical School Committee for Appointments and Promotions.** The lack of representation on COAP appears to have created confusion for both the Research faculty and the Members of COAP.
- ◆ **Early retirement options available to members of the Standing Faculty are not available to Research Track faculty members.** As this early retirement option requires a minimum of 15 years of service, it seems that those few faculty who remain in the Research Track for a career should be eligible for this option.
- ◆ **Research Faculty should have the option to work on a part-time basis.** There is a high percentage of Assistant Professors within the Research Track, many of whom can be assumed to be of child-rearing age.

Hence, the inability to participate in this track on a part-time basis potentially puts undue hardship on a large number of faculty.

- ◆ **More flexibility should be possible in switching from the Research Track to other categories of the Faculty.** On occasion, members of the Research Track have applied for and been considered outstanding candidates for Assistant Professor positions in the Tenure Track at the University of Pennsylvania. This has typically occurred with individuals who started out as co-investigators, but then obtained independent funding and established distinct avenues of investigation. Unlike individuals who join the Tenure Track from an outside institution, where they may already be members of the faculty, Research Track faculty cannot reset the tenure promotion clock if they are appointed to the Tenure Track. This puts these individuals at a significant disadvantage for promotion because some of the time accrued on the tenure clock was spent serving as a co-investigator and without the benefit of a start-up package. Although switching tracks should remain a rare occurrence, Research Track faculty should be allowed to switch to the Tenure Track (or CE Track if appropriate) with an appropriate reset of the tenure clock if they emerge as the best candidates after a national search.

**3. The Dean should appoint a committee to evaluate and determine how to implement modifications of the Research Track.**

The special opportunities working group recognized that implementing some of the recommendations to the Research Track would require modification of the faculty Handbook. Therefore, it was recommended that the Dean of the Medical School and the Provost of the University convene a committee to evaluate the suggested recommendations. This panel should have representation from all of the Faculty Tracks.

**4. Research Track faculty should be involved in the mentoring program.**

Currently, Research Track faculty may not be mentors for junior faculty, even those in the Research Track. In many cases, senior Research Track faculty may be the best mentors for junior Research Track faculty. All Research Track faculty should be encouraged to have mentors, other than their Division Chief or Department Chair.

**5. Candidates for the Research Track should be given clearer information about their role and expectations for career advancement.**

A third of the Research Track Faculty indicated that they did not know the purpose of the Research Track as defined in the Faculty Handbook. Nearly 50% of the Research Track Faculty indicated that their Departmental Chair and/or his/her designee did not explain the Research Track and the criteria for promotion. These percentages demonstrate that information about the Research Track should be better disseminated.

**APPENDICES TO THE REPORT CAN BE VIEWED ON THE MEDICAL SCHOOL FACULTY SENATE WEB SITE ([www.med.upenn.edu/senate](http://www.med.upenn.edu/senate))**

- ◆ SURVEY OF DEPARTMENTAL CHAIRS AND HEAD OF INSTITUTES IN THE MEDICAL SCHOOL
- ◆ SURVEY OF RESEARCH FACULTY IN MEDICAL SCHOOL

