

Academic Health Center CEOs Say Faculty Shortages Major Problem

By Michal Cohen Moskowitz

Faculty shortages are threatening the capacity of the health professions educational infrastructure

Worsening faculty shortages in academic health centers are threatening the nation's health professions educational infrastructure, according to chief executives of academic health centers nationwide. Academic health centers train a major portion of the nation's health workforce in professions including allied health, dentistry, medicine, nursing, pharmacy, public health, and veterinary medicine. A crisis looms: without enough faculty members to teach the next generation of health professionals, the nation's health infrastructure is in jeopardy.

In response to a questionnaire from the Association of Academic Health Centers (AAHC), 94 percent of the 31 responding CEOs declared faculty shortages to be a problem in at least one health professions school. Sixty-nine percent of CEOs said that these shortages were a problem for the entire institution. CEOs were asked to rank shortages on a scale of 1 – “not a problem at all” – to 5 – “very much a problem,” with a rating of at least 3 being considered “a problem.”

Several factors account for the widespread faculty shortages, including low level of interest in academic careers among those entering the health professions; heavy faculty workloads; sharp disparities in salaries between academe and private practice or industry; the cost of education and high incidence of debt among graduates; and in the case of nursing, late point of entry into faculty careers (typically after long periods of clinical practice). The aging of the Baby Boomer generation is producing the perfect storm, as surging demand for health care services will coincide with a wave of retirements among health professions faculty, posing a major threat to the capacity of the U.S. health system overall and health professions education in particular.

SHORTAGES ACROSS HEALTH PROFESSIONS SCHOOLS

Faculty shortages in nursing were rated as most severe. Eighty-one percent of CEOs declared



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nursing faculty shortages to be a problem at their institutions, while forty-five percent of CEOs rated nursing faculty shortages most severely, as “very much a problem.”

Allied health ranked second to nursing in intensity of faculty shortages, with 77 percent of CEOs declaring shortages to be a problem. Allied health is an umbrella term for the dozens of professions who work alongside other health professionals in performing or assisting with nearly every type of health care service. Most frequently cited were faculty shortages for physical therapy, radiologic science, and clinical laboratory science. CEOs also cited faculty shortages for programs in occupational therapy, rehabilitative counseling, speech and language pathology, dental hygiene, and physician assistants.

Of the academic health centers with pharmacy schools, 71 percent of responding CEOs declared faculty shortages to be a problem. Notably, most pharmacy schools are not in academic health centers, so this figure may not be an accurate reflection of faculty shortages in pharmacy schools in general. Nonetheless, an aging population with rising co-morbidity, increasing use of prescription drugs, and the expanding role of pharmacists portend a need for more pharmacists and, in turn, more faculty to teach them.

For medicine, 70 percent of CEOs declared faculty shortages to be a problem. CEOs noted shortages in several specialties, most frequently in anesthesiology, internal medicine specialties (particularly gastroenterology, oncology, and rheumatology/geriatrics), pediatrics and pediatric subspecialties, radiology and radiological subspecialties, and surgery and surgical subspecialties. Critically, most of those specialties provide services that are high in demand by older patients, who will utilize the health system in higher numbers as the population ages. Faculty shortages were least frequently cited in anatomy, dermatology, otolaryngology, orthopedics, pathology, psychiatry, rehabilitative medicine, and urology.

Sixty-seven percent of CEOs with dental schools and 55 percent of CEOs with public health schools rated faculty shortages as a problem in those disciplines. This questionnaire could not accurately discern the prevalence of faculty shortages among veterinary medical schools,

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because only four CEOs had veterinary medicine at their institution. Nevertheless, there is rising concern given the increasing need for protection of the animal food supply against disease and bioterrorism.

INSTITUTIONAL RESPONSE

Institutional responses to faculty shortages varied. Most alarmingly, half of CEOs reported the need to enact some kind of institutional change, such as cutting programs, merging programs, limiting student enrollment, or implementing other changes. Other institutional responses included providing more on-line instruction, adding adjunct faculty, assigning additional responsibilities to faculty members, or seeking assistance from the community. Of all strategies cited by CEOs, “limiting student enrollment” was the most commonly reported, and was always listed in the context of nursing. Some institutions that limited nursing enrollment also were forced to do so in allied health or pharmacy.

A fifth of CEOs reported being forced to make changes in the school of medicine due to faculty shortages. Responses included cutting programs (in radiology or graduate medical education), merging programs (including rehabilitative medicine; pediatric pulmonary, allergy, and cystic fibrosis; and pharmacy and anatomy); and delaying expansion of medical school class size and residencies.

GOVERNMENT AWARENESS AND ACTION

In light of the inextricable relationship between faculty shortages and the health workforce, the AAHC asked its CEOs about government engagement in these issues. CEOs expressed the need for greater government involvement in health workforce issues despite state governments’ relative

lack of knowledge about the critical forces at play. Fifty-four percent of CEOs rated governors as being aware or very aware of health workforce issues, and 46 percent of CEOs rated state legislatures as being aware or very aware. CEOs' rating of governors' and legislatures' awareness of faculty shortages was even lower: 33 percent of CEOs rated governors as being aware or very aware, and only 26 percent rated state legislatures as being aware or very aware.

Even as state governments lack sufficient awareness of these problems, academic health center CEOs are seeking increased action by state and federal government leaders to address health workforce concerns. Asked how much the government should take action to help on workforce issues, 81 percent said that the state should take "much" or "very much" action, and 84 percent said that the federal government should take "much" or "very much" action.

CONCLUSION

The responses of academic health center CEOs shed light on an emerging national crisis. Faculty shortages are already manifesting themselves as visible crises across the health professions schools, in allied health, dentistry, medicine, nursing, pharmacy, and public health. As demonstrated by widespread institutional responses to faculty shortages, such as cutting programs or limiting enrollment, the educational infrastructure for health professions is being threatened. By hampering the ability of academic health centers to train a workforce that serves the country's health needs, faculty shortages threaten to further perpetuate looming shortages throughout the health workforce, in both the private and public sectors.

Academic health center CEOs perceive that state governments are not yet fully aware of faculty shortages and general health workforce issues, even as the vast majority of those same CEOs desire much or very much governmental action on the health workforce. By their responses, CEOs are

urging heightened awareness and involvement from political leaders. Health workforce issues, including faculty shortages, pose a major societal problem that should be given a higher priority on the political agenda. More communication and collaboration between governmental and academic leaders will be needed in order to develop policies and programs that promote the development of a pipeline of new health professions faculty and sustain the educational infrastructure.

The AAHC is a national, non-profit organization dedicated to improving the nation's health care system by mobilizing and enhancing the strengths and resources of the academic health center enterprise in health professions education, patient care, and research.

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