Benchmark Report on Utilization of Faculty Workload Models in Colleges and Schools of Pharmacy

Lisa Lebovitz, JD, MS[1]; Michael Fulford, PhD[2]; Andrew Darley, PharmD, MEd, BCPS[2]
[1]University of Maryland School of Pharmacy; [2]University of Georgia College of Pharmacy

Background

Faculty members are facing competing priorities, unclear expectations, perceived inequity in assignments, and the growing administrative burden that comes with using technology in instruction. Workload must be equitably assigned and valued so that minority and women faculty are not disproportionately impacted.

Objective

The objective of this study was to characterize and compare institution-specific models for measuring and utilizing faculty workload data.

Methods

The University of Maryland School of Pharmacy sponsored an investigation into peer schools' development and implementation of faculty workload models. The external group conducting this project selected 28 colleges and schools of pharmacy (C/SOPs) based on characteristics similar to the University of Maryland School of Pharmacy, such as PharmD class size, research dollars, and U.S. News and World Report pharmacy school rankings. Exploratory emails were sent to college/school leadership, followed by phone interviews. Additional follow-up conversations occurred with a subset of 9 institutions.

Results

Component	Description and Findings
Instructional workload	Time, rather than effort, emerged as the most common unit of analysis and it is collected primarily through self-reporting or centrally available sources. Classroom time is relatively straightforward, but time for lecture preparation and course administration varies widely. Challenges include accounting for variations such as large enrollment lecture-based courses versus small electives, skills lab courses with small group activities, multiple faculty teaching within the same course, and obligations in different degree programs.
External funding	These data are collected consistently, including amount of funding and principal investigator or clinical service percentages of effort. Expectations vary among departments, with basic sciences generally requiring more research workload and funding. An emerging trend is requiring that external funding covers a certain percentage of each faculty member's salary.
Clinical Requirements	This component is commonly based on contractual clinical service hours Requirements may include the expectation of precepting pharmacy students and residents.
External Consulting	Most C/SOPs have clear university-wide policies for external consulting, commonly limited to 20% of a faculty member's time. Most institutions rely on university-level conflict of interest reporting requirements.
Non-Instructional Productivity	This component is typically self-reported, with little to no minimum expectations outside of promotion and tenure review. Several C/SOPs explored Academic Analytics, yet admitted this was an imperfect database. One institution worked with their librarian to pre-populate their faculty publications data, with reportedly 95% accuracy.
Citizenship	Considered less important than the other components, this is primarily self-reported based on faculty's annual assignments and involvement. One C/SOP has a committee responsible for nominating faculty to university-wide committees and national associations, ensuring a breadth of faculty participation and strategic placement in key initiatives.
Administration	This component is primarily self-reported. A few institutions report having shared faculty positions with other departments or other colleges/schools.
Other Considerations	Contemporary issues often impact faculty workload and its evaluation. Last year C/SOPs saw major changes in educational delivery, research, and clinical assignments due to the pandemic, and greater focus on teaching diversity, equity, and inclusion (DEI). Significant effort went into redesigning courses for online delivery for a period of time (thus changing the workload data sources and metrics), and many faculty were involved in vaccine discovery and administration. The pandemic also revealed inequities such as access to reliable internet and childcare; these existing challenges and a renewed national focus on structural racism brought greater attention to teaching cultural competency and training in health disparities.

The evaluation of information collected across these programs revealed key themes associated with faculty workload models that are comprehensive, well-developed, highly detailed, and used for decision-making. Primary motivators for developing a faculty workload model included financial pressures such as declining PharmD enrollment and expanding priorities like master's programs.

One finding was that comprehensive models have an empowered champion at the leadership level who monitors and refines the metrics, provides clarity, cultivates transparency, and uses the data for evidence-based decision making.

Comprehensive faculty workload models are fostered by a common understanding of context, protocols, habits, and norms, recognizing that faculty have different strengths and obligations. However, there is wide variability in how faculty workload models are implemented and applied, even at comparable institutions.

Implications

Schools with comprehensive faculty workload models are utilizing equity-minded components of transparency, clarity, credit, norms, context, and accountability in their policies and practices. These models may represent current best practices and can be used to inform an academy-wide effort to improve faculty workload policies.

These findings align with the national Faculty Workload and Rewards Project (FWRP) that explored how faculty workload models can perpetuate inequities, and undermine productivity, satisfaction, and retention.