Is there a dean in the house?

A worsening physician shortage, coupled with academic medicine's growing complexity, can create big headaches for med schools looking to fill open deanships

By Jeffrey G. Harris
Founder/Managing Partner

What are the words you *least* want to hear from your doctor? The answer might depend on who you are.

If you're a typical patient, the possibilities might include "Hmmm. I've never seen that before," "Now that I have my license back, I can do the procedure immediately" or "Well, I reattached it — but I can't guarantee it'll work."

If, however, you're a university president and the doctor is the dean of your medical school, another heart-stopping utterance might top the list: *"I'm leaving."*

For many campus CEOs, the prospect of having to recruit a medical dean has all the appeal of passing a basketball-sized kidney stone.

The competition for top-notch talent is fierce — so much so that searches can drag on for months, even years. Frequently, a university will complete the arduous selection process, only to receive word that The Chosen One has accepted an offer from another institution — or, worse yet, a *rival* institution.

The American Association of Medical Colleges (AAMC), which comprises 152 schools in the United States and 17 in Canada, maintains a list of "open deanships and planned transitions." As of January 2019, the list featured no fewer than 21 institutions, including heavyweights such as the University of Arizona, the University of Florida, and the University of Kansas.[1] (The list doesn't reflect the dozens of associate and assistant deanships that are vacant at any given time.)

You don't have to be a brain surgeon trained at Harvard (No. 1 in neuroscience, according to *U.S. News & World Report's* latest ranking) to understand why the recruitment of medical deans has become so difficult: The demand for promising — never mind *proven* — administrators is far greater than the supply, and the imbalance is only growing.

W*hy* the imbalance exists is a bit more complicated.

No doctor, no dean

The American public no longer needs an apple a day to keep the doctor away. Transformative demographic trends have become a far more potent, *far less welcome* healthcare "repellant."

As has been widely reported for some time, physicians are in short supply across the United States, thanks largely to an expanding, aging population and a medical workforce thinned by a wave of retirements. Last year, the AAMC released a study projecting that by 2030, the nation will have as many as 120,000 fewer physicians than it needs.[2]

Many parts of the country already are feeling the pinch. The federal Health Resources and Services Administration estimates that at least 29 states have shortages of primary-care physicians, with Texas and Florida topping the list. Only one state, Massachusetts, has a surplus of more than 1,000 primary-care physicians.[3] (Presumably, it also has a disproportionately large share of Harvard-trained neuroscientists.)

Almost by definition, a shortage of physicians means a shortage of deans and prospective deans. The latter, after all, is a subset of the former.

"It has been a long tradition that the medical school dean is an expert in a specialist field with a well-established reputation in research and clinical services," Albert Lee, MD, and Eric Hoyle, wrote in an oft-quoted report titled "Who would become a successful Dean of Faculty of Medicine: academic or clinician or administrator?"[4]

At this point, the outside-the-box reader/thinker might be wondering: Does the dean of a medical school *have* to be a physician? Would a nurse or pharmacist or a physician assistant fill the bill? How about the top administrator of a major hospital chain, the CEO of a Fortune 500 drugmaker, or, say, a former, or even *sitting*, Health and Human Services secretary?

A number of highly regarded universities, of course, have filled open presidencies with "nontraditional" picks, such as former members of Congress, ex-Cabinet secretaries, and retired military commanders. In 1994, for example, David Boren resigned his U.S. Senate seat to accept the presidency of the University of Oklahoma, a post he held for 24 years. In 2013, Janet Napolitano stepped down as Secretary of Homeland Security to become the 20th president of the University of California System. In 2015, William McRaven, the Navy admiral credited with organizing the raid that killed terrorist Osama Bin Laden, took on what he'd later characterize as an even tougher assignment: a three-year stint as chancellor of the University of Texas System.

The extent to which a university has any such flexibility depends on the type of medical school it operates — that is, whether the school in question is allopathic (MD-granting) or osteopathic (DO-granting).

The American Osteopathic Association's Commission on Osteopathic College Accreditation (COCA), the organization that the federal government relies on to sanction osteopathic medical schools, spells out precisely what it expects of a school's top administrator: "The Dean shall have an earned DO degree from a COCA accredited College of Osteopathic Medicine, medical license, board certification (at some time in his/her career), and at least five years' experience in academic leadership roles that include budget management authority."[5]

Must you *practice* what you teach?

Whether the dean of a health-related education program must be credentialed in that profession depends on the field

Profession	Accrediting Agency	Dean required to be trained in profession?	Number of non-professional deans
Allopathic Medicine	Liaison Committee on Medical Education	No	0
Dentistry	Commission on Dental Accreditation	No	2 (3 percent)
Nursing	Commission on Collegiate Nursing Education	Yes	0
Optometry	Accreditation Council on Optometric Education	Yes	0
Osteopathic Medicine	Commission on Osteopathic College Accreditation	Yes	0
Pharmacy	Accreditation Council for Pharmacy Education	No	17 (14 percent)
Podiatry	Council on Podiatric Medical Education	Yes	0
Veterinary Medicine	American Veterinary Medicine Association Council on Education	Yes	0

"Should a Pharmacy Dean Be a Pharmacist?" *American Journal of Pharmaceutical Education*, April 2015 – Volume 79, Number 3

In other words, Health and Human Services Secretary Alex M. Azar II need not apply to be dean of a U.S. osteopathic college — inasmuch as he holds "only" a bachelor's degree in economics and government from Dartmouth College and a law degree from Yale University.

Perhaps surprisingly, among the other agencies that sanction health-related education programs, the organization that accredits the nation's allopathic medical schools, the Liaison Committee on Medical Education (LCME), is something of an outlier in that it *doesn't* require deans to be credentialed in the profession — at least not explicitly.

The LCME's accreditation guidelines stipulate only that a dean be "qualified by education, training, and experience to provide effective leadership in medical education, scholarly activity, patient care, and other missions of the medical school."[6]

Similarly vague guidelines apply to the deans of programs that train the nation's dentists and pharmacists, respectively, and, indeed, a few of those programs operate under nontraditional leadership. A study published in 2015 found that two dental-school deans (3 percent of the total) didn't hold a DDS, or Doctor of Dental Surgery, degree and that 17 pharmacy deans (14 percent of the total) lacked a PharmD, or Doctor of Pharmacy, degree.[7]

Just because universities aren't *required* to limit their searches to MDs, however, doesn't mean they're comfortable venturing off the proverbial beaten path. Academic medicine's predilection for MD- or DO-bearing deans was on full display in the 2015 study — and, more specifically, in its tally of allopathic medical schools headed by non-physician deans: 0.

Building demand

Alarmed by the nation's worsening physician shortage, numerous entities — government agencies, medical organizations, postsecondary institutions and social advocacy groups — have mobilized to avert a full-blown healthcare crisis. Much of their work boils down to one overarching goal: train more physicians.

The push for more MDs and DOs is yielding results. Since 2002, the number of students graduating from medical schools in the United States has jumped by 29 percent.[8]

Paradoxically, the ongoing push to crank out more physicians has exacerbated the shortage of medical-school deans. That's because universities are doing more than simply expanding med-school enrollments. They're opening branch, or satellite, campuses and/or establishing altogether new schools.

Take, for example, the University of Kentucky, which has operated its home state's flagship medical college since 1960.

Last summer, the Lexington-based school welcomed 30 students to a new four-year MD program in Bowling Green — "a fully functioning campus, utilizing the exact curriculum and assessments as UK's Lexington campus."[9] The new campus, operated in partnership with Western Kentucky University, also welcomed two high-level administrators: Todd Cheever, MD, a longtime faculty member and administrator on the Lexington campus, became the school's first associate dean for the Bowling Green campus, and Don Brown, MD, a vascular surgeon in Bowling Green, became assistant dean for the fledgling campus.[10]

UK is now laying the groundwork for two additional four-year programs — one in partnership with Morehead State University, where UK already operates the Rural Physician Leadership Program for third- and fourth-year students, and the other in partnership with Northern Kentucky University. Presumably, when all is said and done, each of those campuses will be overseen by one or more additional dean-level administrators.

"It's remarkable," said Robert DiPaola, MD, dean of the UK College of Medicine and vice president for clinical academic affairs for UK HealthCare. "Over the next four to five years, we will go from approximately 540 medical students to approximately 800 medical students — and really work toward serving the state."[11]

To be clear, the nation's physician shortage isn't the only thing driving the new-school boom. Some midsize institutions have concluded that opening a medical school is a sure-fire way to boost their profiles in the short term and bolster their bank accounts in the long term. The rationale: Physician alumni are likely to be better positioned than, say, nurses, teachers, or social workers to give sizable donations to their alma maters.[12]

Whether they're classified as branch campuses or brand new schools, and whether they're begotten by altruism or financial self-awareness (or both), these programs have one thing in common: They need people to oversee them. In other words, *they need deans* and other top administrators.

Making rounds

Although the proliferation of U.S. medical programs is a significant contributor to the shortage of med-school deans, it's by no means the only factor. It might not even be the biggest. That distinction may well go to increasing turnover. Simply put, as the demand for deans is growing, the average tenure of such administrators is shrinking.

Over the past five decades, average tenure has dropped by almost half, from 6.7 years to 3.5 years, which means medical deans now have roughly the same career longevity as professional boxers. (Maybe it has something to do with putting on gloves to draw blood.)[13]

Robert G. Petersdorf, MD, who led the Department of Medicine at the University of Washington from 1964 to 1978, once outlined what he characterized as the three stages of the med-school deanship: "hoping, coping and moping" — with each stage lasting five years.[14]

My, how things have changed since the comparatively halcyon days of the '60s and '70s. Researchers Jennifer L. Ringenbach and Tod Ibrahim noted that each stage now seems to last just one year, dramatically shortening the timeframe "for scoping out another position."[15] Although offered in jest, that assessment might help explain the seemingly frenetic, demonstrably nomadic careers of many med-school administrators.

Ephemerality, of course, is hardly unique to medical deans; it's the "new normal" within the leadership ranks of American higher education. Presidents, chancellors, vice presidents, provosts, and deans in all disciplines are opting for shorter stints in the corner office — for a variety of reasons, both personal and financial.

Many in academia's C-suite complain of ever-growing pressures — from faculty, students, alumni, government regulators, private-sector funders and third-party evaluators — as well as workdays that would exhaust the Energizer Bunny.

A group of researchers headed by Robert Hromas, MD, dean of the University of Texas Health Science Center at San Antonio, described the evolution of the medical-school deanship in a recent article in the *Journal of Healthcare Leadership*.[16]

"The role of a medical school dean is rapidly evolving in the face of cultural, economic, and regulatory pressure," the group wrote. "The leadership style that is most effective in the modern, complex departmental structures of medical schools is also changing. Most academic medicine deans accepted their positions expecting that they would be fulfilling the historical tripartite mission of academic medicine — education, research, and patient care. However, their current tasks are often more oriented toward the business of clinical medicine, such as managing operations, recruiting and retaining clinicians, marketing services, negotiating contracts, and managing expenses and enhancing revenue."

The job description of the typical medical dean has grown so long that it might, at first glance, resemble an itemized hospital bill — for a weeklong stay in the ICU. *The Chronicle of Higher Education* suggests that the typical dean has no fewer than 168 primary duties, each of which can be subdivided into multiple tasks.[17]

The growing complexity of the job is reflected in the academic taxonomy used to define the post: These days, many med-school deans carry a squint-inducing assortment of ancillary titles, including provost, vice chancellor, and vice president.[18]

Clear title(s)?

Increasingly, medical-school deans carry ancillary titles that reflect their responsibility for healthcare networks, hospitals, and/or physician groups

Ancillary title	Number of med-school deans carrying the title (as of 2012)
Vice president (including senior vice president and executive vice president)	46 (33 percent)
Vice chancellor (including senior vice chancellor and executive vice chancellor)	15 (11 percent)
Provost	8 (6 percent)
President	5 (4 percent)
Chancellor	2 (1 percent)
CEO (including chief medical officer and chief academic officer)	14 (10 percent)

"The Evolution of the Medical School Deanship: From Patriarch to CEO to System Dean," *The Permanente Journal*, Winter 2017 – Volume 21, Number 1

Clinical withdrawal

For much of the 20th century, medical-school deans were far more likely to carry a doctor bag than a briefcase.

"Deans served as visible models of physicians whose education and practice were based on scientific method as opposed to anecdote," Hromas and his colleagues wrote. "Medical schools had far fewer students, faculty did little research, and any affiliated hospitals were small in size. Deans did not function as organizational managers, but rather as visible and visionary leaders and quintessential academicians."[19]

Conventional wisdom suggests that many, if not most, medical educators chose their profession because they wanted to ease human suffering though the hands-on practice of medicine and/or because they wanted to impart wisdom through face-to-face encounters with bright, earnest young people. For better or worse, the modern-day medical deanship doesn't appear to lend itself to either pursuit.

Samuel Hellman, MD, a radiation oncologist who spent five years as dean of the University of Chicago's Pritzker School of Medicine and vice president of the school's medical center, addressed the disconnect between career aspirations and institutional expectations in his 2016 memoir

Learning While Caring. He recalled that a number of colleagues, including a former dean, had warned him about the downside of an ascent to the top floor of academic medicine's ivory tower.[20]

"Perhaps the most poignant caution came when one of my colleagues pointed out that the word *dean* is but one letter from *dead*," Hellman wrote. "While the implications of that comment have not been realized, it was a very near thing."

Hellman's biggest disappointment was his "abandonment" by academic and professional colleagues.

"To them, I seemed to have ceased to exist. This was exemplified by the wonder in others when I attended professional meetings. If, like me, you were formerly an active clinician, you may find yourself patronized by staff and residents; they assume you are 'out of it.' And with time you may become so. Patient referrals began to evaporate immediately on my appointment as a dean."

Hellman also quipped that he sometimes felt like a psychiatrist.

"A colleague mentioned that the only difference between a dean and a practicing psychiatrist is that the dean's patients have tenure," he wrote. "This old saw, while amusing, has a distinct kernel of truth. Also on a psychiatric note, there is a positive aspect to becoming a dean: absolute immunity to the development of paranoia, since all feelings of persecution are justified."

Hellman may not have heeded colleagues' warnings, but the nation's current crop of potential deans seems to have gotten the message. A recent survey revealed that just 23 percent of med-school department chairs harbor any desire to become a dean.[21]

Some battle-weary deans move to other academic institutions. Some leave the academy altogether, lured by multimillion-dollar salaries. Others return to tenured professorships and the relative tranquility of the classroom and/or the research lab.

In the past year alone, more than a dozen high-profile deans announced plans to trade their administrative duties for teaching and research. Among them: Daniel V. Schidlow, MD, dean of Drexel University's College of Medicine; Jeffrey Akman, MD, dean of George Washington University's School of Medicine and Health Sciences; and Arthur S. Levine, MD, dean of the University of Pittsburgh School of Medicine.

Going off-label

Obviously, not everyone who enters academic medicine's C-suite chafes at the requisite pressures and priorities. Some deans, of course, find the pace exhilarating and the portfolio of responsibilities fascinating. Perhaps they never enjoyed patient contact in the first place, or maybe they grew impatient with students who lacked their cognitive heft.

These natural-born administrators, however, don't necessarily mitigate turnover. The fact is, they're just as likely as disenchanted counterparts to exit the dean's office — for entirely different reasons.

An individual who thrives in the seemingly byzantine bureaucracy of academic medicine is likely to aspire to, or be sought out for, an even higher perch within higher education — namely, that of university vice president, provost, or even president.

Consider:

- Michael V. Drake, MD, an ophthalmologist, spent five years as vice president for health affairs in the University of California system before becoming chancellor of UC Irvine in 2005. In 2014, he took another step up the academic ladder, landing the presidency of the Ohio State University.
- In 2016, Paul Katz, MD, founding dean of Rowan University's Cooper Medical School, was selected to serve as the 25th president of the University of the Sciences in Philadelphia. The presidential search committee, which reviewed some 50 candidates, said Katz's med-school deanship rendered him "uniquely qualified" to run the university.
- The following year, Ora Hirsch Pescovitz, MD, a pediatric endocrinologist with more than two decades of experience in academic leadership, beat out 60 other candidates to become the president of Oakland University, a Detroit-area institution with graduate and undergraduate programs serving more than 20,000 students.
- More recently, Sherine E. Gabriel, MD, whose curriculum vitae includes deanships at the Mayo Clinic School of Medicine and Rutgers's Robert Wood Johnson Medical School, became president of Chicago's Rush University.

The list, as they say, goes on and on.

Needless to say, each of the foregoing transitions created a medical-school leadership vacancy.

And that, in turn, probably caused an otherwise-content university president, somewhere in American higher education, to envision — if only for a fleeting moment — a certain basketball-sized kidney stone.

Administrative fibrillation

Now that we've "diagnosed" the issue at hand as *administrative fibrillation* (fibrillation: noun — rapid, uncoordinated twitching movements that replace the normal rhythmic contraction of the heart and may

cause a lack of circulation and pulse), we turn to another question: What's the *prognosis*?

A recent study in *The Permanente Journal* suggests that the leadership structure now in vogue throughout academic medicine — the "dean as CEO model" — will soon give way to the "system model." [22]

"In the system model, the dean is a member of a broader leadership team rather than a quasi-autonomous CEO," wrote the authors, a team of physicians and health-policy experts. "The dean is no longer the final arbiter of the mission and vision of the medical school enterprise, including its clinical relationships (hospital and practice plan). Rather, the dean is a negotiator with a broader health system that will heavily influence or make the final determination of priorities for the school.

"Consequently, this would necessarily broaden the skill set of the effective dean to include graduate degrees in business, health care administration, public health, or other related fields dependent on the direction in which the school's mission is trending at the time of hire. Budgetary control may also be lodged outside the school in the health system, with the dean preparing a budget and receiving approval and authorization for expenditures and recruitment decisions from the sponsoring health delivery system.

"In this sense, this model is quite in contrast to the dean as CEO."

Eleven words in the foregoing excerpt jump out, at least from the standpoint of leadership recruitment and retention: "this would necessarily broaden the skill set of the effective dean." Translation: Because of the knowledge base and personality type necessary for success in the "system model," the pool of individuals capable of leading a medical-education program — or even his or her *piece* of it — is likely to be smaller than it is now, at least until academic medicine's curriculum can be recalibrated to reflect this new paradigm.

What's more, the system model would at first glance seem to erode, if not eliminate, the very attributes of a medical deanship that academic ladder-climbers might find most appealing: autonomy and unparalleled internal clout, manifested in the ability to effect change single-handedly.

Bottom line: The new model, if it materializes, academic medicine might get hit with a one-two punch: fewer candidates with the qualifications necessary to fill open deanships — and fewer incentives for those individuals to seek the job. If that worst-case scenario becomes reality, university presidents facing protracted searches for medical deans might not be the only ones with visions of basketball-sized kidney stones dancing in their heads. ■

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About the author

Jeffrey G. Harris is founder/managing partner of Harris Search Associates, a leading global executive search and talent advisory firm. Established in 1997, the firm focuses on the recruitment of senior leaders to support the growth of the foremost universities, research parks, institutes, national laboratories, academic health centers, hospital enterprises, and organizations driving global innovation and discovery. Based in a suburb of Columbus, Ohio, Harris Search Associates maintains satellite offices in Dallas and San Francisco. The firm is a shareholder member of IIC Partners, one of the largest global retained executive search organizations, with 50 offices in 33 countries.