# AAVMC SHARED FACULTY APPOINTMENT SURVEY

## (FINAL REPORT)

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## OVERVIEW

In the fall of 2022, AAVMC's U.S. member institutions reported 403 FTE of funded, unfilled faculty positions.[1] By the fall of 2023, this number had grown by 18% to 474 FTE, which represents a full 10.0% of the total U.S. veterinary faculty workforce.[2] Proportionately, this situation is worse among clinical faculty, consistent with the broad-based shortage of veterinary specialists characterized in 2022.[3] With an additional 10+ veterinary colleges or schools currently being launched[4] – requiring (conservatively) a total of 50 new faculty per institution – the overall veterinary faculty shortage stands to increase to a total of nearly 1,000 by 2030.

As AAVMC collectively contemplates potential solutions to the academic workforce shortage, a common suggestion has been to consider joint appointments between academia and the private sector. To inform that discussion, a survey was designed to identify any such part-time employment arrangements that have been (or are being) used to date. More specifically, the objective was to describe current approaches to sharing faculty appointments between academia and the private sector, with a primary focus on concurrent employment of clinical specialists.

## METHODS

During April and May of 2024, the Deans of all AAVMC member institutions were included in an email survey to determine their institution's experience with joint appointments between academia and the private sector. An initial request was sent on April 29 with a reminder on May 10. Qualtrics was used to collect the data.

## RESULTS

Overall, Deans from 37 of 71 queried member institutions responded to the survey (52%). Of the respondents, 25 represented US institutions (12 international). Full results follow:

***Q1. Do you now, or have you in the last 10 years, employed clinical specialists as faculty, who were concurrently employed in the private sector?***

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 27 | 37 | 73.0 |
| Domestic | 18 | 25 | 72.0 |
| International | 9 | 12 | 75.0 |

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***Q2. Are any of these clinical specialists engaged in the preclinical curriculum (e.g. clinical skills, junior surgery, systems courses, etc.)?***

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 16 | 24 | 66.7 |
| Domestic | 10 | 17 | 58.8 |
| International | 6 | 7 | 85.7 |

***Q3. Which of the following describes an employment arrangement you have utilized?***

- Employed full-time for a predetermined number of weeks

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 10 | 27 | 37.0 |
| Domestic | 7 | 18 | 38.9 |
| International | 3 | 9 | 33.3 |

- Employed full-time for a predetermined number of months

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 6 | 27 | 22.2 |
| Domestic | 4 | 18 | 22.2 |
| International | 2 | 9 | 22.2 |

- Employed part-time on an ongoing basis for a defined number of hours per day

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 2 | 27 | 7.4 |
| Domestic | 1 | 18 | 5.6 |
| International | 1 | 9 | 11.1 |

- Employed part-time on an ongoing basis for a defined number of days per week

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 10 | 27 | 37.0 |
| Domestic | 5 | 18 | 27.8 |
| International | 5 | 9 | 55.6 |

- Employed part-time on an ongoing basis for a defined number of days per month

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 7 | 27 | 25.9 |
| Domestic | 5 | 18 | 27.8 |
| International | 2 | 9 | 22.2 |

- Employed part-time on an ongoing basis for a defined number of months per year

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 10 | 27 | 37.0 |
| Domestic | 9 | 18 | 50.0 |
| International | 1 | 9 | 11.1 |

- Other arrangements not listed here

| | # yes | # total | % yes |
|---|---|---|---|
| Overall | 7 | 27 | 25.9 |
| Domestic | 6 | 18 | 33.3 |
| International | 1 | 9 | 11.1 |

Describe other arrangements:

- Employed part-time with percentage of FTE
- Employed full time by university, but then predetermined number of weeks bought out by outside practice
- We base our contracts on FTE % and depending on the individual circumstances and the time of the year and the requirements of the curriculum the time arrangements vary.
- We specify a partial FTE and leave it to the individual and section to arrange the schedule to fulfill that commitment.
- For some limited engagements, we pay on a per service activity.
- Employed part-time to achieve modular outcomes.

***Q4. Please share any particular strengths or limitations you have encountered with any of the above sharing arrangements.***

- Balancing conflict of commitment can be challenging. Dual locations (at School and out of state) are challenging. Allows specialists to be recruited who otherwise would not.
- Often with lower percentage appointments it can become challenging to have them dedicate education as a high priority.
- Conflict of commitment
- Key to success is for each partner respecting the other partners time demands. It also takes regular coaching conversations with the individual clinician to make sure they don't overload themselves and consequently "burn out".
- Very positive - clinician brings private practice experience and perspective for students and house officers.
- This has worked well for us so far for a radiology position. It would be more challenging for other disciplines.
- Sustainability, travel and accommodations costs
- The person sees both "worlds" and can help on the idea that the "grass is not always greener in a commercial setting". Make sure that the benefits of working in academia stay with the people that have an overall focus on the academia work (number of FTE working for academia)
- Appreciate flexibility
- Inconsistency with various teaching styles
- Strengths: great for "real world" student training, great as an opportunity for clinicians to give back to teaching and academia. Much better than having chronic, different locums. Familiar with the system. Limitations: cost of travel/hotel. Probably not the same real level of programmatic commitment. Rarely participate in scholarly activity or service.
- Strengths are if they are brought in just for teaching certain hours, they bring important clinical perspectives from private practice which students engage with. Limitations can be they might not engage with overall curriculum and have to be very careful with conflicts of interest, i.e. using their exposure in clinic to recruit staff to their practice or deferring cases to their practice
- It brings in some extra clinical expertise that helps with clinical service, however as they often do not take on roles on committees, resident supervisors, etc., it disproportionately puts more of these responsibilities on the other faculty members. We have had these arrangements in place for close to twenty years, but we are largely (although not completely) trying to move away from them. They are very individual dependent. One issue that has arisen is when some have insisted on productivity pay, which then puts them at odds with other faculty members.
- Strength: enhances experience of the faculty and allows to catch more and varied clinical cases. Weakness: Lectures could take second place when emergencies or other issues occur at the private practice
- It helps maintain clinical service and teaching. The requirement that anyone educating DVMs in required rotations be trained to teach is a complication.

Strengths: 1) mutually beneficial arrangement and 2) flexibility for both parties.

- Our academic personnel rules preclude such arrangements for most faculty titles. We can use one title if less than 0.5 FTE or staff titles
- This allows a specialist to practice their discipline with competitive compensation while allowing them to pursue an interest in veterinary education. A limitation is that the individual has two supervisors-- one in academia and one in industry. There can be conflicts of commitment.

***Q5. Please describe why alternative employment arrangements have not been utilized at your institution.***

- We have a union agreement that we must respect. Although we'd like to be able to make this type of arrangement, the union agreement is too restrictive for that.
- We have not had the opportunity until now. We WILL be doing it in one year, when one of our current industry-funded residents will move on to a 50% academic faculty 50% specialty practice position that includes training future residents for practice.
- Impact on caseload to our hospital. Clients may be drawn to the specialty practice after interacting with them in our hospital. We may not be able to meet salary expectations. These individuals have no experience teaching students.
- Faculty must abide by a conflict-of-interest policy set by the university that would limit how they could work in private practice. Additionally, although non-compete contracts are widely considered unenforceable, our faculty are held to a statewide noncompete restriction.
- Our clinical facility is a separately owned subsidiary of the University and sits alongside the Veterinary School.
- Not hiring faculty as yet, will consider the hybrid role in all proposed faculty hires
- Some have but not this model described in this survey. We have specialists working out of our teaching hospital as independent contractors and we split revenue. They must allow students to rotate with their busy practices.
- We have employed non-specialist clinicians in part-time arrangements while they have worked with private practices as well and we anticipate we will in the future be doing more of this including with specialists.

***Q6. What percent FTE is considered full time for purposes of employee benefits?***

| | Number | Percent |
|---|---|---|
| 20% | 1 | 3.3 |
| 50% | 11 | 36.7* |
| 55% | 1 | 3.3 |
| 60% | 2 | 6.7 |
| 67% | 1 | 3.3 |
| 70% | 1 | 3.3 |
| 75% | 8 | 26.7 |
| 80% | 1 | 3.3 |
| 100% | 4 | 13.3 |
| | 30 | 100.0 |

*All US institutions

Comments:

- Not sure I quite understand the question....in my institution anything below a 50% FTE is not advantageous for the clinician with regards to benefits. People below 50% can still be utilized using an hourly/daily consultancy type contract rather than employment.
- N/A School outside USA
- All employees are entitled to similar government provided benefits regardless of the number of hours contracted.

## SUMMARY

In summary, shared faculty appointments for clinical specialists are common across AAVMC member institutions. Overall, more than 70% of respondents indicated that, within the last 10 years, their institution has employed clinical specialists as faculty, who were concurrently employed in the private sector. Of these, two thirds have engaged these clinical specialists in the pre-clinical curriculum, a practice that was somewhat more common in international settings than in the US.

Specific employment arrangements that have been utilized are quite varied. For fixed term appointments, a predetermined number of weeks was the most common approach. For ongoing appointments, the most common arrangement was a specific number of days/week, or a specific number of months/year. Although there was some variability between domestic and international institutions, a consistent pattern was not identified.

Key strengths of shared faculty appointments include access to an otherwise unavailable opportunity to increase faculty numbers and the ability to learn from a non-academic perspective. Limitations of such shared appointments include inherent conflicts of commitment for the shared faculty, a general lack of familiarity with current pedagogical methods, and a lack of full participation in the academic mission (including committee work).

As academic veterinary medicine continues to expand enrollments in response to the widespread shortage of veterinarians, faculty shortages will continue to present a challenge. Sharing faculty appointments between academia and the private sector offers one viable approach to a partial solution.

## REFERENCES


1. 2022-2023 Institutional Data Report (IDR). Association of American Veterinary Medical Colleges (AAVMC), Internal Document, Washington, DC, 2023.
2. 2023-2024 Institutional Data Report (IDR). Association of American Veterinary Medical Colleges (AAVMC), Internal Document, Washington, DC, 2024.
3. Lloyd JW. Pet healthcare in the US: Are there enough veterinary specialists? Is there adequate training capacity? Mars Veterinary Health, Vancouver, WA, February 2022, 7 pp.
4. Gitter RJ, LaFayette B. Demand for and Supply of Veterinarians in the U.S. to 2032. American Association of Veterinary Medical Colleges, Washington, DC (June 2024). Available at: <https://www.aavmc.org/resources/demand-for-and-supply-of-veterinarians-in-the-u-s-to-2032/> (accessed 10.03.24).


## RECOMMENDED CITATION


Lloyd, J. W., & Greenhill, L. M. (2025). (publication). *AAVMC Shared Faculty Appointment Survey Final Report* (pp. 1–5). Washington, DC: American Association of Veterinary Medical Colleges. **https://doi.org/10.17605/OSF.IO/SA7F2**