

# The Emeritus Clinical-Researcher Program

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## ABSTRACT

**Background:** For some physicians, retirement means leaving their practice and severing ties with their institution, while others may wish to maintain a more active role within their institution. Many institutions have designed programs that enable these individuals to maintain an academic relationship and provide services to their institution.

**Objectives:** This manuscript provides a brief experience of the Marshfield Clinic (MC) and Marshfield Clinic Research Foundation (MCRF) recent development of an emeritus program for research and education.

**Results:** The program is designed to provide opportunities for physicians, clinical PhDs, dentists, and other clinicians with terminal degrees and the necessary qualifications as researchers, to continue to contribute to the MC/MCRF research mission after retirement from clinical practice. Assignment to various aspects of the program is determined by the individual's expertise, experience and institutional needs. Expectations and performance of each individual is evaluated. The infrastructure of the program was assembled by reviewing institutes that have had an emeritus program in operation and integrating the unique aspect of MC/MCRF resources.

**Conclusion:** Alignment of the unique skills, expertise, knowledge, and wealth of experience of emeritus faculty along institutional needs has provided added value to the institution without major financial investment.

## INTRODUCTION

For some physicians, retirement means leaving practice and severing ties with their institution. However, others may have interest in maintaining a more active role within their institution by continuing to contribute intellectually. As a result, many institutions have recognized the expertise and talents

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of those nearing retirement and have designed programs that enable these individuals to maintain an academic relationship and provide beneficial services to their institution (eg, research, education, manuscript writing and editing, and mentoring).

We present herein the structure and design of our Emeritus Clinical-Researcher (ECR) Program at Marshfield Clinic Research Foundation (MCRF). The Marshfield Clinic (MC) health care system consists of over 750 physicians in 42 regional centers throughout Wisconsin, nearly 400 of whom are located at the main campus in Marshfield. MCRF is a division of MC and consists of over 200 senior, associate, and assistant scientists involved in various aspects of research. The concept of the ECR Program was 1 of 10 initiatives conceived during MC's mission

review. The review was intended to assess the state of clinician-led research and make recommendations to MC leadership on how to accomplish the goals and initiatives articulated in the MC/MCRF strategic plan. The ECR initiative was established to use the talents of distinguished physicians, PhDs, dentists, and other professionals with terminal degrees and the necessary research qualifications to continue to contribute to MC/MCRF's research mission after retirement from clinical practice.

The term "emeritus" is used to recognize retired physicians or scientists for their academic or scientific excellence and past contributions, or as an academic staff appointment title bestowed by the individual's department. Rather than sever ties with the institution, leaving the retiree "legally and academically dead,"<sup>1</sup> an alternate vision elucidated over 20 years ago has emerged, establishing the emeritus status as a distinguished active professional within the institution.<sup>2</sup> Currently, it is com-

mon for retiring faculty to seek emeritus status through their department to continue teaching and/or facilitate continuation of their research.

A number of universities provide support for individuals who are interested in continuing research and educational endeavors after retirement. The nature of support for emeritus faculty varies among institutions, but there are common elements. Generally, the needs of full-time faculty are favored over emeritus faculty (ie, full-time faculty are given preference in the selection of office and laboratory space and in the distribution of internal funding).<sup>3</sup> Moreover, emeritus faculty are encouraged to seek external sources of funding for their research, and those who continue to bring in grants are treated more favorably than those who do not.<sup>4,5</sup> In a deviation from this trend, the University of Southern California has established an Emeriti Research Grant program that includes an option for additional funding for undergraduate research assistants.<sup>6</sup>

Benefits and compensation for emeritus faculty vary across institutions. Approximately 20% of doctoral institutions provide stipends to cover travel expenses for professional activities.<sup>5</sup> Appointment to emeritus status at some institutions includes provision of financial and other support to promote meaningful contributions to their respective disciplines. At Texas Tech University,<sup>7</sup> emeritus faculty generally are not compensated, and the title is considered honorary. However, there are policies that allow retired faculty to receive a salary for part-time teaching.<sup>8</sup> In this case, compensation is limited to between a third and a half of their most recent salary while working no more than half of full-time faculty. Many institutions also provide continuation of health benefits through their emeritus programs. Yet, while 80% of institutions in the United States allow emeritus faculty to remain eligible for health insurance through the group plans, only 58% cover the cost of the premium.<sup>5</sup>

Institutions manage emeritus faculty and ensure efficient resource utilization by 2 methods. The first is to make appointments for a limited period that can be renewed only at the discretion of the institution.<sup>4,5</sup> In this model, the appointment to professor emeritus is for life, although use of university resources and space is delimited (eg, 3 to 5 years). Renewal is rare (approximately 7%) and is contingent on sustainment of external support by the emeritus faculty member. These programs are viewed by institutions as affiliation agreements whereby the emeritus faculty member can continue to conduct his/her research in the name of the institution but must bring in external funding to support the research. A second method is to have an indefinite appointment, subject to regular institutional review. At the University of Missouri,<sup>9,10</sup> these reviews

occur on an annual basis and involve submitting a summary of activities in the areas of teaching, clinical practice, education, and research. This summary addresses only activities since the appointment or the last review, and a committee of peers evaluates these activities and provides recommendations to their respective dean and committee. The dean and review committee then determine whether the candidate's performance has been satisfactory. If performance has been unsatisfactory, a plan for improvement is implemented. If the plan fails, the appointment can then be terminated.

## **SELECTION OF RESEARCHER EMERITUS**

Most institutions allow retiring faculty to seek emeritus status through their respective department to continue their academic and research activities. The process for obtaining an emeritus title generally involves a recommendation from the department chair and the department executive committee. At some institutions, the chancellor reviews and makes a recommendation to the board of regents,<sup>7</sup> while at others the chancellor can directly confer the title.<sup>11</sup>

At Oregon State University,<sup>12</sup> the process of clinical faculty promotion involves an examination of the candidate's performance in 4 areas. The candidate must demonstrate distinction in the areas of teaching, clinical practice, and research, as well as have a demonstrated history of service to the institution, the public, and the profession. A committee from the candidate's department prepares an evaluation of the candidate's activities. Recommendations from the candidate's peers outside the university also are solicited from those suggested by the candidate. Others are solicited by a committee of peers in the department. Based on the internal and external recommendations, the Promotion Committee and dean of the college finalize their recommendation. The provost and executive vice president then make the final decision.

The tenure selection process at Duke University Medical School<sup>13</sup> involves a set of minimum criteria that must be met to qualify for a promotion, such as teaching activities and invitations to speak at national meetings, seminars, and workshops. There also is an expectation of leadership in department-level programs, as well as participation in medical student, house staff, and/or graduate student curricula. The candidate is expected to have a strong reputation regionally and/or nationally for his/her accomplishments. Participation on national boards or inclusion on national panels provides evidence of the candidate's reputation for excellence. The candidate is generally expected to have established a record of sustained funding through peer-reviewed grants and participation in clinical trials as the team leader. Bench researchers are expected to have established a national reputation through

participation in National Institutes of Health study sections or offices in professional societies. The candidate also is expected to have a minimum number of peer-reviewed publications, varying between 25 and 50 publications, with the expectation of being first or senior author on at least 40%.

## **MCRF'S EMERITUS CLINICAL RESEARCHER PROGRAM DESCRIPTION**

The ECR Program described herein was conceptualized with aspects that add value to institutional needs. The organizing principle for the ECR Program is that it fills a purposeful need within MC/MCRF. The program should be viewed primarily as an opportunity for service—to give something back to the institution. In developing this program, we incorporated principles used at other institutions as well as in our current policies. Our system was created with requirements for contributions relative to clinical care, research, and education.

### **Selection**

Potential candidates are selected based on a detailed description of their prior educational and research activities in each of the 4 areas listed under qualifications, their curriculum vitae, and current and pending funding support. Minimal qualifications in 1 area may be waived if the candidate is considered exceptional in other areas, especially where there is a recognized institutional need.

### **Qualifications**

The following list of qualifications was drafted based on requirements used by institutions that have established a similar emeritus program.<sup>9,10,12,13</sup>

**Education.** Teaching activities for an ECR might include invited lectures at national meetings, seminars, and workshops. Evidence of leadership in departmental programs and participation in medical student, house staff, and/or graduate student curricula planning and presentation are required.

**Clinical Practice.** ECRs are expected to be recognized regionally and/or nationally for their expertise. Participation on national board examinations or involvement in designing practice guidelines provides additional evidence of clinical excellence. Inclusion on national or international committees and membership on editorial boards of medical publications along with other markers of clinical excellence are expected.

**Research.** A research track record for the ECRs is essential because sustaining research is a specific goal of this program. Participation in educational programs and national or international recognition as a researcher are deemed desirable qualities. The candidate is expected to have an established record of consistent receipt of extramural funding and involvement in clinical research over his/her career and must have served

as team leader on 30% of trials. The candidate also must have demonstrated experience in designing trials and data analysis. Individuals are expected to review manuscripts and grant applications, research foci and priorities, and mentor young investigators in research and educational initiatives. Additionally, the ECRs will provide expertise in evaluation of key policy issues and administrative decisions.

**Service.** Demonstration of professional service may be at the local, regional, or national level, or within the community at large. Service also may occur within a clinical department or at a regional center.

### **Application and Selection Process**

A candidate for this program submits a letter to the center director to whom the emeritus research candidate reports, outlining his/her desire for continued service in research and education, the proposed areas of continued research, and any specific responsibilities that he/she desires to undertake during an initial term. The candidate also should submit a curriculum vitae and other documents that show achievement in research, education, clinical practice, and service to MC/MCRF and the general public. The center director reviews and makes recommendations to the directors of medical research and education, who make the final decision regarding the candidate's appointment.

### **Responsibilities**

The specific duties of an individual in this program, as well as measurable objectives for the period of appointment, are documented in a memorandum of understanding. This document is signed by the ECR, the Director of Medical Research, and the director of the center to which he/she is assigned. The range of responsibilities for this position is broad and may include the following:

- Conduct medical research as a principal investigator or co-investigator.
- Provide advice and consultation in his/her area of expertise to active research teams.
- Complete analysis of results from projects not finished before leaving clinical practice.
- Assist MC/MCRF scientists and clinicians in protocol development, review of grant proposals, publications, and other forms of scientific writing.
- Participate on the editorial board or serve as a reviewer for nationally and internationally indexed journals published at Marshfield Clinic: *Clinical Medicine and Research* and *Journal of Agromedicine*.
- In concurrence with the Director of Clinical Research, mentor new investigators in clinical research.
- Serve on standing or special institutional committees.

### Term of Appointment

Appointment is for 12 months and may be renewed. A written performance evaluation is reviewed at the end of each term by the center director and by the Director of Medical Research, who is the appointing authority and makes a decision on the appointment in consultation with other members of MCRF's senior staff.

### Employment Status

An ECR is a part-time Marshfield Clinic employee. The terms of employment are specified in a contract of employment that is signed by the ECR and the Director of Medical Research. Typically the amount of time and effort is limited to 0.5 full-time equivalent (FTE) or less. However, the specific level of support depends on the expertise of the individual and the program needs. The Memorandum of Understanding is an essential precursor to completion of the Contract of Employment.

### Direct and Indirect Compensation

The financial compensation in this program is in keeping with the overall principle of service in filling a purposeful need. However, the ECR does receive substantial direct and indirect support including office space (may be shared) and laboratory space (as available); computer and other technology support; administrative support from the center to which he/she is assigned; and access to MCRF research administration and support offices, such as the Core Research Laboratory and Office of Research Integrity and Protections. ECRs may apply for internal research awards, are eligible to receive published research awards, and maintain an investigator research account.

### PROGRAM ASSESSMENT

The emeritus program has been piloted for 3 years with 3 physician emeriti. One of these physicians is currently in his third-year term, 1 in his second-year, and 1 completed a 1-year term. Expectations for each of these positions were based on specific needs and circumstances of the MCRF, education programs, and the expertise of the individual.

Specific contributions made include mentorship in grant development to associate scientists and physician investigators, peer review and editing of grants and manuscripts, and collaboration with principal investigators on active studies. The ECRs also provided advice on research priorities, provided critical analysis of key policies, and assisted the center directors in decision-making processes and development of new research initiatives and educational programs. Other duties performed included meeting with senior personnel at pharmaceutical and biotechnology firms to evaluate research proposals and assisting with subject accrual into clinical trials.

Expanded duties included fostering skills needed to enhance the research career of young investigators by providing orientation and consultation to young investigators, residents, and students in research methodology and design of clinical trials, as well as teaching and participating in journal clubs, seminars, and educational programs. During the past 3 years, participants also have been involved in the following activities:

- Reviewing and editing manuscripts.
- Writing manuscripts that involve education and research.
- Participating in industry-sponsored clinical trials.
- Mentoring graduate students and house staff.
- Attending and presenting continuing medical education conferences.

### SUMMARY

A structured ECR program at our institution (created with guidelines regarding candidate selection, requirements, expectations, and performance evaluation) is currently offered to physicians and scientists who wish to continue an affiliation and provide desired services to the institution based on expertise and experience. The program represents a compilation of information and guidelines from other institutions that have demonstrated successful programs. It is tailored to reflect the major assets and priorities of our institution and provide opportunities to qualified physicians with aspirations to continue or pursue educational and biomedical research upon retirement. Alignment of the unique skills, expertise, knowledge, and wealth of experience of the emeritus faculty along institutional needs has provided added value to the institution without major financial investment.

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