

Department of Medicine FY19 Effort Guidelines

PRINCIPLES OF EFFORT FOR FACULTY WITH CLINICAL ROLES (TT/CE/AC)

- This document sets the guidelines for calculating faculty effort across their roles and responsibilities in a fair and transparent manner. The calculation of a faculty member's cFTE must be deliberate and transparent since it is used to set their clinical targets both in terms of sessions and RVU's; for most faculty this will be based on the 65th percentile of the UHC benchmark that represents the predominant clinical activity that the faculty member engages in. These guidelines are meant to empower faculty to collaborate with their division chiefs on the scope of their clinical duties.
- Each TT/CE/AC track faculty member is considered a 1.0 FTE, with a minimum of 5% provided by the department for teaching. Other reductions can be calculated for non-clinical activities. Each activity should have an assignable value as a percentage of FTE.
 - All TT faculty are allocated 5% effort for education. All other effort will be a combination of research and clinical (and administrative, if appropriate) effort necessary to provide salary coverage. Any clinical effort should be allocated based on the guidelines contained in this document.
- There are 4 possible components to effort: Academic (sum of education and other academic activities that are non-revenue generating without a funding source), Research, Administrative, Clinical.
- cFTE (Clinical fraction Full-Time Equivalent) is defined as time available for clinical activity after any adjustments for academic, research and administrative efforts. Clinical effort is based on track, research funding, and educational and administrative responsibilities. Divisions should be able to calculate the collective cFTE needed to run the clinical services of the division. This activity should be distributed across the division based on the individual cFTE of each faculty member.
- Clinical activity includes required revenue generating clinical activity (i.e., clinics, procedures, inpatient assignments, test interpretations, etc.) and required non-billable clinical activity such as weekly transplant meetings, and/or tumor boards where case discussions result in management decisions.
- For faculty on approved leave (FMLA, Sabbatical, etc.), RVU targets and incentives will be prorated accordingly. Faculty are not expected to make up their clinical assignments either before or after their approved leave period.
- An individual's allocation of time and clinical expectations will be discussed as part of completing the annual Academic Planning Tool for each faculty member. This tool will provide a look back at the prior year through the faculty self-assessment and a look

forward incorporating an academic plan which outlines clinical, research, teaching, and administrative assignments for the next year.

- K and Career Development Awards should be handled as follows: The teaching allocation should be 5%. The research allocation should range from a minimum of 75% to a maximum of 95% depending on the division-based resources available. The clinical effort can be 0-20% to accommodate the minimum research and teaching required. The difference between salary coverage from K awards and total compensation is the responsibility of the division.

EFFORT (AC, CE, PMC)

ACADEMIC EFFORT (AC, CE):

General Principles:

- Academic Effort is considered the sum of education and “other” academic activities that are non-revenue generating.
- Must be a minimum of 10% effort (5% education plus 5% “other”)

Definitions of Academic Effort:

- **Educational effort (AC/CE/PMC-with faculty appointment only)** includes rounding, facilitated learning activities, longitudinal mentoring, supervised scholarship, lectures, etc.
 - **AC/CE** faculty must participate in at least 100 credits per year of educational activity. Educational activity can exceed 5% for incremental educational service and leadership roles supported by the Vice Chair for Education’s office
 - **PMC with faculty appointment** must participate in at least 50 credits per year of educational activity and receive 2.5% education support.
- **Other Academic Activities - AC/CE** faculty participate in “Other Academic Activities” (i.e. unfunded scholarly activities including start-up or ongoing support for CE faculty, academic development*, referring patients for clinical trials, attendance at DOM Grand Rounds and divisional based conferences and meetings, committee service, community outreach, global health, and service to the department, school etc.).
 - Faculty who receive < 25% divisional support for these activities will receive 5% effort in this category.
 - **No incremental academic effort will be provided after a faculty member reaches a threshold of 25% in this category.**

***Academic Development** is defined as support to advance academic growth and is funded internally by division and/or through philanthropy (distinct from extramural research funding).

RESEARCH EFFORT (CE/AC):

General Principles:

- Research Effort is described as extramurally funded contributions to original research of any type, including investigator initiated translational and clinical research, collaborative research with recognized contribution as primary or co-author of published manuscripts, participation in clinical trials in which the faculty member enrolls patients with evidence of extramural support and authorship, or developing and reporting on new clinical innovations with contribution to original peer-reviewed publications. This effort is recorded as “Research” in the academic plan.
- Up to 10% of clinical time can count towards research effort, if the clinical time is supporting patient care in a clinical trial/clinical research project.
- K and Career Development Awards are handled as under “Principles of Effort” above.

Clinician Educators:

- Assistant Professors (during first 3 years of appointment):
 - A minimum of 30% support is required: 20% support for academic development, 5 % academic other, 5% for education.
 - The allocation of the support for academic development is a function of funding source such that division based funding is allocated as “other/academic” and extramural support is allocated as “research”.
 - Extramural funding modifies the allocation of academic development support as follows:
 - Extramural funding between 0-29% is added to the 20% support for academic development support.
 - Extramural funding between 30-49% will offset half of 20% support for academic development support.
 - Extramural funding at a level of 50% or greater will offset all of the 20% support for academic development support. For example, if a faculty member has 50% external funding, then the expectation is they will receive a total of 50% research time (all funded externally).
 - K and Career Development Awards are handled as under “Principles of Effort” above.
- Assistant Professors (after year 3 of appointment):
 - A minimum of 20% support is required: 10% support for academic development, 5 % academic other, 5% for education.
 - The allocation of the support for academic development is a function of funding source such that division based funding is allocated as “other/academic” and extramural support is allocated as “research”.
 - Extramural funding modifies the allocation of academic development as follows:
 - Extramural funding between 0-29% is added to the 10% support for academic development support.
 - Extramural funding between 30-49% will offset half of 10% support for academic development support.

- Extramural funding at a level of 50% or greater will offset all of the 10% support for academic development support. For example, if a faculty member has 50% external funding, then the expectation is they will receive a total of 50% research time (all funded externally).
- Associate/Full Professors:
 - A minimum of 10% support is required: 5% support for academic other and 5% for education.
 - Credit can be given for leadership roles of national prominence and critical roles within relevant specialty societies that bring renown to Penn Medicine.
 - External research effort offsets divisionally funded effort.

Academic Clinicians:

- Research effort can occur and must be fully supported by extramural sources and must satisfy the following conditions:
 - Total activity on NIH or other federally sponsored research is limited to 10%.
 - Generally, may not be PI (includes multiple-PD/PI) on NIH or other federally sponsored research.
 - May serve in a leadership role and accept role specific support for non- federally sponsored clinical research.

ADMINISTRATIVE EFFORT:

- Faculty members with administrative effort may receive FTE reductions or stipends for administrative roles. Administrative Effort support is defined as:
 - Purchased Services funded each fiscal year by UPHS inter-entity transfer (IET)
 - Administrative roles are defined by the Division Chief and Chair; these roles must have defined job descriptions and annual goals
 - Admin D roles are funded by the division; Admin H are roles funded by the health system. Faculty with divisionally funded Admin roles $\geq 25\%$ will not receive the 5% “Other Academic” effort.

CLINICAL EFFORT:

- cFTE
 - The component of effort value after allocations are made for academic/education, research, and administrative effort = cFTE. Total FTE = Academic/Education FTE + Research FTE + Administrative FTE + cFTE (clinical fraction of the FTE).
 - The cFTE defines the clinical capacity for a given faculty member.
 - The cFTE will be used to set the baseline clinical target (expressed in RVUs); for most faculty members it will be set to the 65th percentile of productivity using University Health System Consortium benchmarks and adjusted based on clinical effort.

- In order to ensure fair and equitable distribution of clinical work, each division should be transparent about the average RVU value of the different types of clinical work in their divisions
- Calculations for hospitalists and intensivists are market based. The math does not work for those groups.
- All clinical effort will be expressed as sessions. 1 session is equivalent to a minimum of 4 hours of face to face clinical time.
 - A full time clinical role is 9 sessions per week so the maximum number of sessions per year is calculated as follows: 9 sessions per week x 45 work weeks = 405 sessions/year.
 - Calculation for 45 weeks is based on credit for 22 vacation work days, 10 CME work days, 6 holiday work days
 - Inpatient time is converted based on intensity of service time as follows:
 - Intense: (service is a full day commitment): 9 sessions per week. Thus, a 2-week block would be valued at 18 sessions.
 - Moderate: (service is a half day commitment): 4.5 sessions per week. Thus, a 2-week block would be valued at 9 sessions.
 - Ambulatory or diagnostic sessions are a simple count.
 - Weekends are expected to be shared fairly across the division. No additional credit is given for weekend work.
 - Required, non-billable meetings such as transplant or tumor board are prorated as a percentage of a 4-hour session.
 - Session types cannot be double counted unless faculty are actually scheduling half or full sessions when on inpatient service, in which case the scheduled sessions can count.

EXAMPLES

Clinical effort:

In each example, you must start with the cFTE available for clinical work. If ambulatory, set the sessions per week and then fill in the inpatient time. If predominantly inpatient, set the inpatient time, and fill in the ambulatory time to round out the effort.

0.9 cFTE

- Total sessions required per year is $.9 \times 405 = 365$ sessions/year.
- This person is predominantly ambulatory and is slotted for:
 - 8 sessions per week x 41 weeks (must subtract out inpt weeks) = 328 sessions
 - 4 weeks of moderate inpatient activity at 4.5 sessions/week = 18 sessions
 - He/she keeps 4 clinics per week while on service = 16 sessions
- Total sessions: 362

0.9 cFTE

- Total sessions required per year is $.9 \times 405 = 365$ sessions/year.

- This person has a mix of inpatient and ambulatory and is slotted for:
 - 7 sessions per week x 23 weeks = 161 sessions
 - 22 weeks of intense inpatient time valued at 9 sessions/week = 198 sessions
 - No clinic while on svc
- Total sessions: 359

0.5 cFTE

- Total sessions required per year is $.5 \times 405 = 203$ sessions/year.
- This person is slotted for:
 - 4 sessions per week x 35 weeks = 140 sessions
 - 10 weeks of moderate inpatient time valued at 4.5 sessions/week= 45 sessions
 - He/she keeps 2 sessions per week when on service= 20 sessions
- Total sessions: 205

0.2 cFTE

- Total sessions required per year is $.2 \times 405 = 81$ sessions/year.
- This person is slotted for:
 - 1 session per week x 41 weeks = 41 sessions
 - 4 weeks of intense inpatient time valued at 9 sessions/ week = 36 sessions
- Total sessions: 77

Early CE Assistant Professors examples

	CE Assistant Professor Year 1 No extramural funding	CE Assistant Professor Year 1 10% extramural funding No offset of division's 20%	CE Assistant Professor Year 2 35% extramural funding Offsets half of division's 20%	CE Assistant Professor Year 2 50% extramural funding Offsets all of division's 20%
Education/Teaching	5	5	5	5
Other Academic Activities	25	25	15	5
Research	0	10	35	50
cFTE	0.7	0.6	0.45	0.4

Admin Examples (assuming no extramural research funding)

	AC Track Faculty Divisionally supported administrative role	AC Track Faculty Health system supported administrative role	AC Track Faculty Divisionally supported educational role at 10% effort	AC Track Faculty Health system supported educational role at 30% effort
Education/Teaching	5%	5%	5%	35%
Other Academic Activities	0%	5%	15%	5%
Admin	D: 30%	H: 30%	0%	0%
cFTE	cFTE 0.65	cFTE 0.60	cFTE 0.80	cFTE 0.60