

*CONFIDENTIAL*

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE**

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**Faculty Compensation Plan**

**July 1, 2008**

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The major goals of the University Of Florida College Of Medicine's (UFCOM) compensation plan are to promote and reward departmental and individual success in research, education, clinical service and administration through monetary incentives, and to improve the UFCOM's financial performance in order to enhance the UFCOM's ability to carry out its educational and research missions. The compensation plan will cover both clinical and basic science faculties within the College of Medicine. All paid faculty in all departments, the Faculty Group Practice, and the Dean's office will participate with five exceptions: (1) faculty reporting to College of Medicine leadership in Jacksonville <sup>1</sup>, (2) OPS and Emeritus faculty, (3) postdoctoral associates and research associates, (4) visiting faculty, and (5) faculty specifically exempted by the Dean. Faculty must be employed by the first business day of the fiscal year to be included in the Plan, unless approved by the Dean.

This compensation plan has been adopted by the dean, but is subject to periodic review by the College of Medicine Compensation Committee and revision by the dean to ensure that the goals of the plan as stated above are being met. Consistent with and subject to university policies, the commitment of an annual salary extends only for the length of the faculty member's contract (yearly in most cases, less for recently hired, nontenured faculty). The compensation plan is not an employment contract and performance measures described in the plan pertain only to compensation. Without revising the plan, incentive payments or other elements of this plan may be suspended in cases where the College of Medicine faces financial exigency, as determined by the dean.

Individual faculty performance includes both objective measures of work performed, subjective measures of the quality of work, and subjective values as determined by the chair for activities that do not directly translate into departmental revenues. The latter include such items as collegiality, professional identity, community service and activities supportive of the department or college. It is expected that all faculty will demonstrate the highest standards of performance in the areas of interpersonal and communication skills, medical knowledge, and professionalism. In addition, clinical faculty will exemplify the core competencies of medical training as established by the AAMC and ACGME. They are expected to show appropriate concern about the welfare of patients and their family members, academic and hospital staff, residents and students, and all of their colleagues. They will provide patient care in an ethical and responsible manner, adhering to accepted standards for medical documentation and billing and maintaining the confidentiality of patient information. A faculty member's failure to demonstrate appropriate professional behavior can result in a forfeiture of a faculty member's right to participate in interim and end of year incentives, bonuses, and salary increases as defined by the compensation plan.

The plan includes the following components (see EXHIBIT I):

- Base salary
- Individual incentives
- Departmental bonus.

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<sup>1</sup> College of Medicine faculty located at the Jacksonville campus are covered under a different compensation plan.



## I. BASE SALARY

Base salary is defined as a faculty member's salary at the time the plan is adopted and includes the core and performance components of the prior compensation plan. Base salary will be adjusted annually contingent upon performance against prior year productivity targets. If targets are achieved or exceeded, faculty currently in the employ of UFCOM will be eligible for a salary increase, incentive, and/or bonus depending upon performance level. However, base salary will be subject to up to a 10 percent reduction if targets are not met.

Adjustments in salary due to promotion will be made consistent with University and College of Medicine policy.

The chair, division chief, or appropriate designee must define faculty job expectations and assignments and establish productivity targets for each faculty member. Targets will be based upon a core set of performance measures for each mission and should be appropriate for faculty rank and opportunity. Individual expectations and targets are set by the chair, using appropriate College of Medicine principles and with input from the faculty member. These will be provided to the faculty member in writing prior to August 15 of each year. The evaluation period under this plan will coincide with fiscal year, July 1 through June 30. It is recognized that assignment of new targets will not be available to faculty at the start of the fiscal year. Prior to new target assignments, faculty should use prior year targets.

FTE assignments used in this plan are based on the departmental budget and it is the responsibility of the Chair to accurately report these assignments to faculty members. To ensure a faculty member's FTE assignments accurately reflect the actual work effort of the faculty member, the FTE assigned to research cannot be less than (but may be greater than) the ratio of all salary paid by research grants and research contracts divided by total base salary (excludes bonus and incentive payments). Clinical FTEs when residents or medical students are present are allocated 75% clinical and 25% education consistent with College of Medicine principles. Faculty members with assignment to the Veterans Health Administration (VHA) will be assigned an FTE value that reflects net time commitment to the VHA. VHA appointments are based on 40 hours of work per week, which represents an 8/8 appointment to the VHA. During scheduled VHA hours, a faculty member can not participate in College of Medicine activities. (The following is an example of how FTEs are calculated with a VHA appointment. A faculty member has an 8/8 appointment to the VHA and works 10 additional hours at a College of Medicine clinic. The FTE appointment at the VHA would be calculated as 40 hours VHA time divided by 50 total hours worked per week or 0.80 FTE for the VHA appointment and 0.20 FTE for the College of Medicine (10 hours College of Medicine/50 total work hours per week)). *Both the chair and faculty member are responsible for ensuring that the FTE assignments are correct.*



At the time of their annual evaluation, faculty members must demonstrate that they met their assigned targets for the year. A ranking system will be used for performance, assigning a grade for each activity (1 to 5 with 5 highest) and adjusting the score for assigned full-time equivalent (FTE). The weighed scores for all activities will determine the final performance ranking.

Activity	FTE Percent	Grade	Score
Research			
Education (Teaching)			
Clinical Service (Patient Care)			
Administration (Service)			
Veterans Health Administration			
Total	100 %		

At the time of the annual evaluation, 10 percent of base salary is at risk and could be reduced (not to fall below the Association of American Medical Colleges [AAMC] 20th percentile) depending on performance against the prior year's productivity targets. The next year's base salary is adjusted based on University directives and/or performance ranking<sup>2</sup>. Further, performance ranking determines eligibility for incentives, participation in a departmental bonus pool and merit raise if available. Eligibility for these payments will be made as follows:

Overall Performance Score	Outcome
4.5 to 5.0	<b>Outstanding performance.</b> Eligible for across the board salary increase, incentive, bonus, and merit raise if available.
4.0 to 4.4	<b>Exceeds performance standard.</b> Eligible for salary increase, incentive, and bonus.
3.0 to 3.9	<b>Achieves performance standard.</b> Eligible for salary increase and incentive.
2.0 to 2.9	<b>Below performance standard.</b> Up to 5 percent salary reduction. Not eligible for incentive or bonus.
1.0 to 1.9	<b>Unsatisfactory performance.</b> Up to 10 percent salary

<sup>2</sup> Faculty performance scores are used solely to determine salary, incentives and bonuses. They are not to be used to rank faculty against each other. Faculty performance scores are individual scores and not comparative scores between faculty.

reduction. Not eligible for incentive or bonus.
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## II. PERFORMANCE STANDARDS AND EVALUATION

Each faculty member will be evaluated on how well he/she achieved assigned productivity targets. Wherever possible, performance will be tied to industry benchmarks and evaluated by objective data collected centrally for all departments. However, departments may select additional criteria from a core list of performance standards for each mission (EXHIBIT II) that can be used to modify the base score determined by centrally collected data. The list of performance standards can be revised upon recommendation of the College of Medicine Faculty Compensation Committee and as approved by the dean. It is recognized that the weights assigned to these targets may change during the year because of new or changed assignments. Inappropriate behavior by the faculty, as determined by the chair, will result in a lowering of assigned grade. During the annual evaluation, the following system will be used to assign grades for each mission.

- Clinical Evaluation

Measures of clinical performance are based on objective data that will be provided by UFCOM. Such measures include work relative value units (wRVUs) that define targets for clinical performance as provided in the Table below. It is expected that wRVUs will be the base parameter for clinical productivity across departments and assignment of individual faculty wRVU targets (adjusted for clinical FTE assignment) will fall in the range of the 50<sup>th</sup> to 90<sup>th</sup> percentile of the Medical Group Management Association (MGMA) Academic Practice Compensation and Productivity Survey (EXHIBIT IV).<sup>3</sup> The *base grade* for clinical performance will be assigned by the College of Medicine, based on how actual performance matches the assigned wRVU target as indicated in the Table below. For wRVU variances that fall in between the grading scales, base grades will be calculated using a sliding scale.

<sup>3</sup> MGMA data exclude resident, physician assistants and other secondary providers. Where such providers are used or in the discretion of the chair, the assigned wRVU targets may exceed the MGMA limits.



Grade 1.0	Falls below wRVU target by 30 percent or more.
Grade 2.0	Falls below wRVU target by at least 15 percent or fails to provide appropriate information for patient billing in a timely fashion.
Grade 3.0	Meets expectation and provides appropriate information for patient billing in a timely manner.
Grade 4.0	Exceeds wRVU target by at least 10 percent and provides appropriate information for patient billing in a timely manner.
Grade 5.0	Exceeds wRVU target by 25 percent or more and provides appropriate information for patient billing in a timely manner.

The chair may request an adjustment in the base grade for approved medical leaves of absence and for faculty who exceed the 90<sup>th</sup> percentile of the appropriate MGMA benchmark. In addition, the chair may adjust the base grade up to one grade level based on quality of care, participation in the Academic Quality Support Agreement standards, collegiality, physician and patient satisfaction surveys when available, and timeliness, adequacy, and accuracy of information provided for patient billing. Additional criteria may be selected from the list of approved performance standards (EXHIBIT II).

For individuals whose clinical service is supported by salary cost reimbursement from a contract, the grade for this service will be determined based on how well the individual fulfill the terms of the contract as determined by the chair. If such individuals also have an assigned wRVU target, the overall clinical grade will be proportioned based on FTE assigned to contract versus total clinical FTE.

- Educational Evaluation

Measures of educational performance are based on objective and subjective data that will be provided by UFCOM; course, clerkship or Interdisciplinary Program (IDP) directors; and individual faculty members. Productivity is measured in teaching hours, service on educational committees, and development of teaching aids where appropriate. The number of instructional hours should be used to align FTE with responsibilities. Quality is to be measured by student, resident and peer evaluations and by teaching awards. Criteria may be modified by departmental selection from the list of approved performance criteria (EXHIBIT II). The following Table provides a guideline for performance grading.

Grade 1	Does not accept teaching responsibilities when asked or accepts with reluctance and/or fails to follow through on assignments.
Grade 2	Performs below expectation for assigned teaching responsibilities as indicated by poor evaluations from student, resident, or peers, or by failure to perform assignments on time.



Grade 3	Participates in assigned teaching responsibilities with average performance ratings as identified by students, residents, course or residency program director, IDP director, chair, or Associate Dean for Education.
Grade 4	Readily accepts teaching responsibilities, produces materials, and works with others to improve educational programs. Achieves above average performance ratings from students, residents or peers.
Grade 5	Is recognized for teaching excellence by students, residents, or peers. Demonstrates educational leadership by distinguished service on UFCOM education committees or as a course, IDP director, clerkship, or residency program director. Responsible for and achieves continuing residency accreditation. Promotes education programs at regional or national meetings. Receives outstanding teaching awards.

- Research Evaluation

Measures of research performance are based on objective data that will be collected by UFCOM or provided by the individual faculty member. Faculty members with 0.10 FTE or more assigned to research are expected to have the research portion of their base salary derived from research grants. For these faculty members, participation in grant submissions and salary offsets from grants will define the research funding component of the research grade. The second component of the grade is research outcomes. Outcome measures are based on conduct and progress of research, publications, presentations, recognized achievements in research, and additional criteria that may be selected from the list of approved performance criteria (EXHIBIT II). The grade for faculty members with 0.10 or less FTE assigned to research will be based on expectations for publications, presentations, and participation in research activities locally or nationally.

The following Table provides a guideline for performance grading.

	Research Funding	Research Outcomes
Grade 1	Fails to submit or participate in grant applications with salary support. Fails to obtain funding in a timely manner.	Makes no effort to present or publish available results. Conduct and progress of research is minimal.
Grade 2	Submits/participates in grant applications but with scientific priority scores substantially out of funding range. Has made good effort to secure funding but without success.	Makes no sustained effort to present or submit available works for publication. Conduct and progress of research is slow and unsatisfactory.
Grade 3	Meets expectations for grant applications with at least one grant with priority score near funding range or with an improved score on resubmission. Alternatively, has secured 60% or more of research salary from grants/contracts	Submits abstracts, patents, and papers as appropriate. Conduct and progress of research is satisfactory and meets expectation

	or start up funds (may be applicable to non-tenure track research personnel).	
Grade 4	Serves as principal or co-investigator on funded grants with some salary support (may not be applicable for junior faculty in first three years of appointment). Alternatively, has secured 75% or more of research salary from grants/contracts or start-up funds (may be applicable to non-tenure track research personnel).	Meets expectations for presentation, publications, or patents. Solid and promising research progress with appropriate handling of problems.
Grade 5	Fulfills salary target on research grants or contracts (may not be applicable for VA Merit Review Grants or junior faculty in first three years of appointment).	Exceeds expectations for presentation, publications, patents or conduct of research. Building national reputation by service on study section, appointment to research advisory group or invited speaker. Receives research achievement awards.

- Administration Evaluation

Administrative activities include such duties as senior/associate/assistant deans, department chairs, associate/assistant chairs, division chiefs, medical directors, and residency program directors. Measures of administrative performance are both subjective and objective. Data will be collected primarily by the individual faculty member and/or the department. Measures of administrative productivity are provided in EXHIBIT II. The following Table provides a guideline for performance grading.

Grade 1	Does not accept administrative responsibilities when asked.
Grade 2	Accepts responsibilities but performance is lacking. Does not follow through on assignments and demonstrates minimal progress on goals. Often absent from committee meetings.
Grade 3	Meets administrative expectation. Attends meetings and contributes to objectives.
Grade 4	Exceeds expectations in most but not all areas. Promotes cooperation with colleagues and clearly supports department and college objectives.
Grade 5	Serves in key administrative positions with demonstrated leadership as judged from unit operation consistent with budget and respectful of personnel. Demonstrates organizational skills. Serves in elected or appointed administrative position outside UFCOM consistent with its mission.



- Veterans Health Administration

The chair, division chief, or appropriate designee (i.e., Chief of Service at the VHA will evaluate the faculty member with respect to his/her VHA assignments. UF faculty are not compensated by the University for their VHA work; however, because the close relationship with the VHA is critical to the College of Medicine's missions, the College does consider a faculty member's performance of VHA responsibilities in its evaluation of the faculty member and in its compensation plan.

Grade 1	Fails to meet responsibilities as presented in job description.
Grade 2	Marginal to inadequate performance.
Grade 3	Meets expectation for clinical and/or research service.
Grade 4	Exceeds expectations in most but not all areas.
Grade 5	Outstanding performance in nearly all areas.

### III. BASE SALARY INCREASES

For faculty with an M.D. degree in a clinical department, base salary will be subject to an established floor and ceiling: (a) base salary cannot be reduced below the AAMC 20th percentile in absence of financial exigency<sup>4</sup>; and (b) base salary cannot exceed the AAMC 75th percentile.<sup>5</sup> Base salary data are stratified for rank and specialty (EXHIBIT III, pages 20 to 26). Base salary for faculty members with a Ph.D. or other doctoral degree in a clinical department will be subject to a floor established as the average AAMC 20<sup>th</sup> percentile for all such faculty members in clinical departments (EXHIBIT III, page 27). For Ph.D. or other doctoral degree faculty with clinical responsibilities that allow billing and the opportunity to participate in the individual clinical incentive, their base salary will be subject to a ceiling established as the 75<sup>th</sup> percentile average for all such faculty members in clinical departments (EXHIBIT III, page 27). For basic science faculty, base salary is subject to the floor but not the ceiling (EXHIBIT III, page 27). AAMC benchmarks will be updated on an annual basis.

For those faculty members whose base salaries are currently below the 20th percentile, increases to base salary may occur over time commensurate with performance against assigned targets as discussed in Section II. Further, faculty whose base salaries currently are below the 20th percentile

<sup>4</sup> Base salary is compared to the AAMC Tables for fixed/contractual salary plus medical practice supplement. This Table does not include bonus or incentive payments.

<sup>5</sup> In rare instances, base salary may exceed the 75<sup>th</sup> percentile subject to approval by the Dean and subject to federal and state regulations concerning physician salary payments. Mandated increases in base salary by the President of the University are not subject to the 75<sup>th</sup> percentile restriction.



will not be subject to the 10 percent reduction. For M.D. faculty who are compensated above the 75th percentile, base salary cannot increase, and they will be subject to the 10 percent reduction if performance does not meet expectations. Note: Faculty above the 75th percentile still participate in the incentives and bonus pool. Therefore, total compensation (not base salary) could exceed the 75th percentile as a result of incentive and bonus payments.

AAMC benchmarks are used to establish the floor and ceiling for base salary. However, for certain sub-specialists, other external benchmarks may be utilized in lieu of AAMC survey data as approved by the dean.

#### **IV. ADMINISTRATIVE STIPEND**

In addition to base salary, an administrative supplement or stipend may be provided for significant responsibilities such as assistant and associate deans, departmental chair, division chief, and medical directors of University of Florida practice clinics. These supplements are assigned to the position and not to the individual faculty member. When a faculty member no longer is assigned to an administrative post, the administrative supplement is removed from the faculty member's base salary. Administrative supplements are temporary additions to base salary for specific activities. They are not to be used for administrative activities that are normally part of base salary – such as, service on an admission committee.

#### **V. ENDOWMENTS**

The policy of the College of Medicine is that base salary will be assigned to endowments to the extent that it is not covered by other funds (i.e., clinical income, research grants, contracts, etc.). Deviations from this policy must be approved by the Dean. Payments must be consistent with the legal requirements of the endowment.

#### **VI. INDIVIDUAL CLINICAL INCENTIVE**

The chair will define, with input from the faculty member and in accordance with UFCOM principles, annual work RVU targets for each faculty member based on clinical assignment<sup>6</sup>. The target will take into consideration base salary allocated to clinical activities, clinical hours or sessions, historical performance, and opportunity. Assigned wRVUs are expected to be between the 50<sup>th</sup> and 90<sup>th</sup> percentile (adjusted for clinical FTE) for the individual's specialty as defined in the most recent Medical Group Management Association (MGMA) Academic Practice Compensation and Productivity Survey (EXHIBIT IV).<sup>7</sup> This range provides the Chair flexibility in assignment as well as a measure of objectivity to faculty performance relative to national trends. Work RVUs are converted into net collections using the average ratio of wRVUs to net collections for the

<sup>6</sup> In the unusual situation where wRVUs targets are inappropriate, a chair may request the Dean to approve an alternative method of assigning or calculating clinical productivity targets.

<sup>7</sup> MGMA data exclude resident, physician assistants and other secondary providers. When such providers are used or in the discretion of the chair, the assigned wRVU targets may exceed the MGMA limits.

appropriate operational unit (department/division/specialty) updated semi-annually.<sup>8</sup> Net collections equal gross collections less payment of billing refunds, the dean's tax and Florida Group Practice costs. The chair must set individual wRVU targets for the faculty as a whole at a level that produces net collections sufficient to cover the cost of the clinical mission of the department and any activities intended to be supported by clinical revenue as negotiated during the budget process. Specifically, the assigned departmental wRVUs as a whole must cover the *approved* clinical budget. As a matter of principle, wRVU targets will not be adjusted or reassigned to other faculty during the year and the College of Medicine must approve any adjustment.

To participate in the clinical incentive plan, a faculty member must have at least 25% of his/her time assigned to clinical service.<sup>9</sup> The minimum wRVU target for an incentive payment is set at the 50<sup>th</sup> percentile MGMA benchmark for that activity adjusted for FTE assignment. Once an individual exceeds their assigned clinical incentive wRVU, the individual is eligible to receive an incentive payment.<sup>10</sup> The incentive payment will be calculated as 20 percent of the product of the number of wRVUs above target times the departmental/division/specialty average net collections per wRVU, while the department is allocated 70 percent and the dean 10 percent. The 10% of net collections that accrue to the dean will be used solely in support of the individual clinical, research, and educational incentives provided in the plan and identified as College of Medicine Funds in Exhibit I. As with all University wages, the clinical incentive is available only if the faculty member remains a University employee at the time of the payment. The payment may be made annually or semiannually, based on annual projections, and will be capped at a percentage of base salary. Any midyear incentives will include a holdback paid at year-end to guard against unforeseen adverse financial events in the remainder of the year. Fringe benefits will not be paid on clinical incentive awards. To ensure that *balance between assigned departmental missions* is maintained, eligibility for clinical incentives requires a performance rank of 3.0 or better in all mission categories. Performance ranking will determine the level of incentive opportunity as provided in the Table below. The maximum award is adjusted to reflect clinical FTE assignment.<sup>11</sup>

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<sup>8</sup> wRVUs standardize physician services across all types of activities. The translation of wRVUs into net revenues is calculated using values appropriate for the type of work performed. Payor mix will influence this conversion factor.

<sup>9</sup> Faculty supported by career development awards requiring at least 60% time commitment to research may qualify for the clinical incentive with a 0.15 FTE assigned to clinical service.

<sup>10</sup> Contracts that are based on salary cost reimbursement are excluded from the clinical incentive calculation along with that proportion of the FTE attributed to the contract. Contracts that are based on a fee per encounter are included along with that portion of the physician's FTE. Work RVUs for the latter contracts are credited to the physician based on departmental average net collections. For example, clinical work performed at Alachua General Hospital (AGH) will be included in the clinical incentive plan when such work is billed through the College of Medicine and is based on a fee per encounter. Clinical work is excluded from the incentive program when services are billed through AGH or when services are billed by the College of Medicine but credited to an AGH contract.

<sup>11</sup> It is anticipated that the maximum dollar awards will be raised in subsequent years to achieve the full effect of the incentive. In rare situations, an exception to the maximum dollar award can be appealed to the dean on an individual basis by the departmental chair when clinical performance in both wRVUs and net collections clearly demonstrates substantially superior performance.



Performance Score	Maximum Incentive as Percent of Base Salary allocated to Clinical Activities
3.0 to 3.9	Up to 10%
4.0 to 4.4	Up to 20%
4.5 to 5.0	Up to 30%

*Example:*

Dr. Smith earns a base salary of \$125,000 with a clinical FTE assignment of 0.60, an average performance rank of 4.0, and a wRVU target of 4,500. Based on FTE assignment, Dr. Smith's clinical salary is \$ 75,000 (60% of \$ 125,000). The departmental conversion factor of net collections per wRVU is \$72. The 50<sup>th</sup> percentile MGMA wRVU for Dr. Smith's activities is 4,250.

If Dr. Smith produces 5,200 wRVUs, then Dr. Smith would be eligible for an incentive equal to \$10,080 (700 wRVUs above target multiplied by \$72/wRVU multiplied by 20%). With a performance ranking of 4.0, the maximum amount of incentive Dr. Smith can earn is 20 % of his clinical salary or \$15,000.

## VII. INDIVIDUAL RESEARCH INCENTIVE

To participate in the individual research incentive, a scientist must have 15% or more of his/her time assigned to research. To ensure that *balance between assigned departmental missions* is maintained, eligibility for research incentives requires a performance rank of 3.0 or better in all mission categories. Faculty members assigned to research are expected to have the research portion of their base salary derived from research grants and contracts. To provide an incentive for faculty to seek salary support from research grants, the amount of salary covered by grants will be used to calculate a research incentive according to the Table below. For the purpose of the incentive, research is defined as sponsored research consisting primarily of extra-mural, peer-reviewed applications.<sup>12</sup> Industry sponsored research that pays a portion of a faculty member's salary and indirect costs is included in the incentive calculations.<sup>13</sup> Salary paid by a research career development award, including VA mentor research training programs, is included in the incentive. *For salary offsets to count towards the research incentive*, the faculty member must be the principal investigator or a co-investigator who has made a significant intellectual contribution to the grant application as determined by the chair after consultation with the principal investigator.

<sup>12</sup> Under this definition, peer-reviewed clinical trials are included in calculating the research incentive while non-peer reviewed clinical trials are excluded, unless they specify salary support for the investigator and pay indirect costs.

<sup>13</sup> Research grants and research contracts count towards the research incentive if they specify salary support for the investigator or qualified co-investigators and are awarded with indirect costs. Co-investigator requirements also apply to VA grants that provide research salary normally paid by the College of Medicine.



Incentives are calculated as a percent of base salary allocated to research as follows:

Base Salary Covered by Grants Adjusted for Research FTE	Incentive as a Percent of Base Salary Allocated to Research <sup>14</sup>
60% or more	2.0
70% or more	3.0
80% or more	4.5
85% or more	6.0

If a faculty member qualifies for an incentive and the calculated award is less than \$ 250, the actual award he/she would receive is \$ 250.

To provide incentive for newly appointed assistant professors who are developing a research program and recognizing that it is often difficult for these individuals to secure the level of funding indicated above, the following will apply. For up to five years as an assistant professor or until promotion to Associate professor whichever occurs first, the Table below will be used to calculate the faculty member's incentive. To participate in this program, an assistant professor must have 30% or more of his/her time assigned to research.

Base Salary Covered by Grants Adjusted for Research FTE	Incentive as a Percent of Salary Allocated to Research
25% or more	2.0
35% or more	3.0
45% of more	4.5
50% or more	6.0

To specifically recognize the effort involved in securing a competitive award, an additional incentive will be provided during the first year of the award as follows:

Activity	Incentive
PI on a competitively awarded new grant or a successful competitive renewal for the first year of the award only	5% of PI's salary included in the grant
Co-PI on a competitively awarded new grant or a successful competitive renewal for the first year of the award only	3% of co-PI's salary included in the grant

*Example:*

<sup>14</sup> It is anticipated that these percentages will be increased in subsequent years to achieve the full effect of the incentive.

Dr. Avery is an associate professor, who earns a base salary of \$120,000 and has 50% of his time assigned to research. Based on FTE assignment, the portion of base salary allocated to research is \$60,000.

Dr. Avery has \$ 21,000 of salary on an existing grant and is the PI on a new grant that pays \$30,000 of his salary. He receives a one time incentive payment as PI on the new grant of \$1,500 (5% of \$30,000). In addition, he now covers \$ 51,000 of his salary on research grants (85% of salary assigned to research). He earns an incentive for salary offset calculated as 6% of \$ 60,000 or \$ 3,600. His total incentive for research would be \$5,100.

To promote cooperative research projects, co-investigators will share in the indirect cost returns proportionate to their time assigned to the grant. It is expected that they also will receive salary support appropriate to the FTE assigned to the grant.

To promote new grants and specific types of grants, such as large-scale research grants and VA grants, as well as to reward individuals who have reached the maximum NIH salary cap, an additional research incentive is provided in accordance with the Table below:

Activity	Incentive as Percent of Salary Allocated to Research
Lead PI on competitive, peer-reviewed Program Project or center grant for each year of award with direct costs greater than \$750,000 per year.	6
Lead PI on competitive, peer-reviewed training grant, for each year of award with direct expenditures greater than \$ 100,000 per year.	4
Co-Investigator with at least 15% effort on competitive, peer-reviewed Program Project or center grant for each year of award with direct expenditures greater than \$ 750,000 per year.	3
Subproject on a competitive, peer reviewed Program Project or center grant with direct expenditures of greater than \$100,000 per year.	2
PI with total extramural research support with direct expenditures of greater than \$ 1,000,000 per year. <sup>15</sup>	1
PI with total extramural research support with direct expenditures of greater than \$ 2,000,000 per year. <sup>15</sup>	2
PI on VA Merit Review Award with direct expenditures of \$ 150,000 and at least a 5/8 appointment to the VHA.  Incentive payments will be pro-rated for grants less than \$ 150,000.	\$ 1,500

For peer-reviewed program projects or center grants with direct expenditures of less than \$ 750,000 but greater than \$125,000, the incentive payment for the PI or Co-investigator will be pro-rated. For instance, the incentive payment for a PI on a peer-reviewed program project grant with direct expenditures of \$ 500,000 would be 4.0% (500,000/750,000 of 6%) of salary allocated to research.

*Example:*

Dr. Jones earns a base salary of \$125,000 and has 75% of her time assigned to research. Based on FTE assignment, the portion of base salary allocated to research is \$93,750. Dr. Jones has one research grant that pays \$40,000 of her base salary.

If Dr. Jones becomes the PI on a peer reviewed program project grant that pays an additional \$50,000 of her base salary, Dr. Jones will cover \$90,000 of her base salary on research

<sup>15</sup> To be included in the calculation of total research support, the grants/contracts must specific salary support for the principal investigator and pay indirect costs-



grants or 96% of salary allocated to research. Dr. Jones is eligible for a research incentive of 6% of her research salary for salary covered by grants (6% of \$93,750 or \$5,625), plus 6% for being a PI on the program project grant (6% of \$93,750 or \$5,625), plus 5% of salary coverage on a new competitively awarded grant (5% of \$50,000 or \$ 2,500). Her total research incentive would be \$13,750.

The incentive that accrues to the investigator will be calculated and paid semi-annually based on the actual amount of salary charged against the grants (i.e., if a grant was open for nine months, but salary was charged to the grant for only two months, then only two months of salary offset would be used to calculate the incentive amount). Fringe benefits will not be paid on incentives.

To ensure that *balance between assigned departmental missions* is maintained, eligibility for the research incentive would require a performance rank of 3 or better in all mission categories.

### **VIII. INDIVIDUAL EDUCATION INCENTIVE**

To recognize and reward outstanding performance in education, an incentive will be available and paid by the dean's office for a select number of educators. To be eligible, a faculty member must meet the requirements stipulated in EXHIBIT V. Eligible faculty will be nominated from each department and participate in a college wide competition to receive an incentive to be paid after the end of the academic year. Department chairs and members of the Selection Committee are not eligible for the educational incentive.

### **IX. DEPARTMENT BONUSES**

At the end of the fiscal year, a department may allocate funds to pay bonuses to faculty members at a date set by the dean. Eligibility for a departmental bonus requires an overall performance score of 4.0 or higher and no performance grade less than 3.0 in any mission category.<sup>16</sup>

### **X. DEPARTMENTAL RESPONSIBILITIES**

Performance measures described in Section II may be modified by departmental selection from the list of approved performance standards (EXHIBIT II). To keep the administration of the plan as simple as possible, it is recommended that departments select the smallest number of standards feasible to adequately measure individual performance.

Although the core list of performance standards reflects measurements for a wide variety of activities, it is recognized that certain department specific activities and/or responsibilities may not

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<sup>16</sup> In special situations, a chair can appeal to the Dean to grant a department bonus to a faculty member who has made significant contributions to the betterment of the department, even if that faculty member does not have the performance scores that would otherwise qualify him/her for a department bonus.

be captured. Such issues might include night call credit, clinical services for which a bill is not generated or is paid by contract, or clinical service or activities that are paid directly to departments. Departments should develop methods to handle such issues (i.e., use of imputed RVUs for night call) consistent with the College of Medicine's Compensation Plan. In addition, departments may wish to utilize non-monetary incentives (e.g., additional protected time for scholarly activities, choice of clinical assignment, or months of clinical duties, etc.) to reward and recognize outstanding performance.

Department chairs will submit their proposed plans to the dean for review during the normal College of Medicine budget process. The dean will approve departmental plans on an annual basis.

## **XI. COMPENSATION PLAN DATABASE**

The Fiscal Services Division has responsibility for maintaining the Compensation Plan Database upon which incentives will be calculated and for aligning departmental budgets and FTE assignments with the compensation plan. Clinical and research performance data will be updated on a monthly basis while educational performance will be updated on a semester basis. Faculty can access their individual accounts and monitor their performance toward assigned targets at the following address:

**<http://apps.comfs.ufl.edu/compplan>**

Access to one's individual account requires a Gatorlink identification and password.

## **XII. TIMELINE**

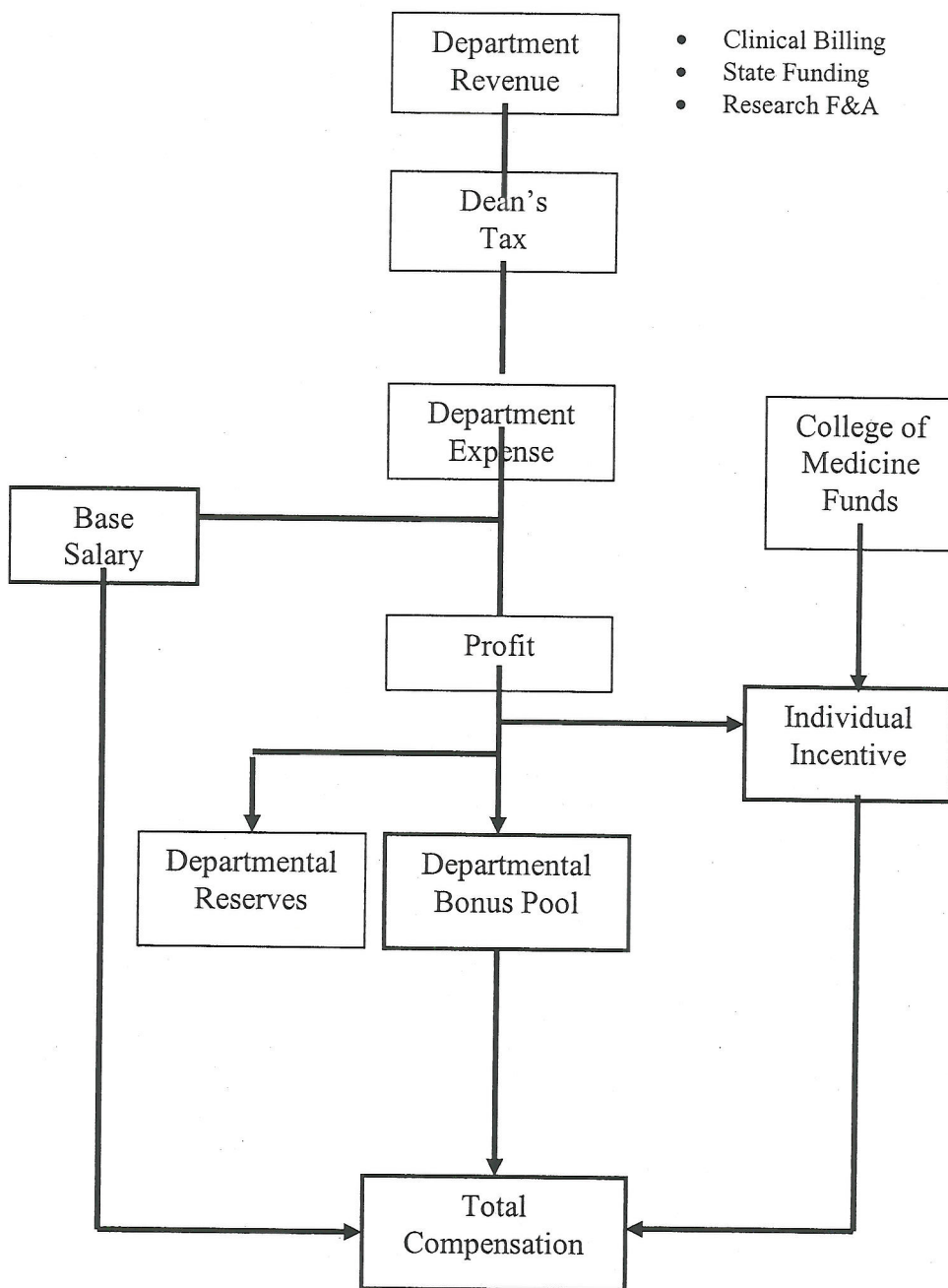
The evaluation period under this plan will coincide with the fiscal year beginning July 1 and ending June 30. The review of clinical productivity data for incentive pay purposes also is based on the fiscal year time frame. The conversion factor for wRVUs to net revenue will be determined semi-annually beginning with the start of the fiscal year. Faculty evaluations by chairs or chair designees are expected to be conducted during July. Due to the COM audit requirements, letters of faculty evaluation including performance scores must be given to faculty by August 15, 2009. Letters of faculty assignment and performance expectations for FY 08-09 must be signed by faculty and returned to the Dean office by August 15, 2009. The complete timeline for the Compensation Plan is outlined in EXHIBIT VI.

## **XIII. RESOLUTION OF CONFLICT AND GRIEVANCES**

In the unusual situation where a faculty member and chair disagree on productivity targets, the issue will be decided by the chair, with the faculty member having available the established University of Florida grievance rights, including appeal to the dean. The dean may refer the issue to the College of Medicine Faculty Compensation Committee or select another designee for investigation and recommendation.

University of Florida College of Medicine  
Faculty Compensation Plan

DEPARTMENT COMPENSATION MODEL



- Clinical Billing
- State Funding
- Research F&A

- Adjusted based on performance.
- Subject to 10% reduction.
- Cannot fall below AAMC 20<sup>th</sup> percentile or exceed 75<sup>th</sup> percentile for clinical faculty.

- Clinical profit targets or
- Targeted research incentive for salary offsets, program project or training grants.



## PERFORMANCE STANDARDS

Mission	Category	Measures	Example	Tracking
Clinical	<b>Base score</b>	wRVUs per clinical FTE	Generate 4,500 wRVUs	Central
	<b>Modifiers</b> Production	Scheduled clinic time	Participate in 100 assigned shifts	Department
		Call participation	On call 40 nights per year	Department
	Financial Performance	Billing	Provides appropriate billing information	Central
		Net collections (including contracts) per clinical FTE	Generate \$ 200,000 net collections	Central/Dept
		Cost constraints/efficiency ratios	Achieve cost per outpatient visit of \$ 35	Central
Quality	Participation in Academic Quality Assurance Agreement, referring physician survey, patient satisfaction survey	Survey score of 80 out of 100	Central	
Education	Production	Number of instructional hours	200 hours teaching students	Central
		Service on college or department education committees	Member Curriculum Committee Member Medical Selection Committee	Central/Dept
		Development of teaching aids	Develop computer instructional program	Individual
	Financial Quality	Serve on national education committees or functions	Chair AAMC section on accreditation	Individual
		Not applicable		
		Student/peer evaluation	Exceed Dept average student or resident evaluation score	Central/dept
Teaching awards	Achieve satisfactory peer-evaluation Teacher of the Year	Individual		

University of Florida College of Medicine  
Faculty Compensation Plan

**PERFORMANCE STANDARDS**

Mission	Category	Measures	Example	Tracking
Research	Production	Research applications submitted	Submit 2 grant proposals	Individual
		Research applications funded	Applications funded	Central/Dept
		Program project or training grant	Submitted or funded	Central/Dept
		Sponsored clinical trials		
		Study section, research advisory group, local research committee	Member of study section	Individual
		Activities that enhance research potential of college		Individual
		Publications/Presentations	List per university format	Individual
	Patents awarded	List per university format	Individual	
	Financial	Percentage of salary covered by grants	Should have 50% of FTE devoted to research covered by third year	Central
	Quality	Research recognition awards and general assessment of research quality		Department
Adminis- tration	Production	Department assigned responsibilities	Departmental chair Associate/assistant chair Division chief Medical directors Residency program directors	Department
		UF COM responsibilities	Dean's office assignments Institutional Review Board	Central
		Community service	President, Alachua County Medical Society	Individual
	Financial	Not applicable		

University of Florida College of Medicine  
Faculty Compensation Plan

COMPENSATION BENCHMARKS

Clinical Faculty (MD degree)	2007 Benchmark <sup>1</sup>	
	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
<b>Anesthesiology</b>		
Assistant professor	195,000	286,000
Associate professor	218,000	310,000
Professor	228,000	325,000
<b>Emergency Medicine</b>		
Assistant professor	168,000	212,000
Associate professor	176,000	233,000
Professor	191,000	251,000
<b>Community Health &amp; Family Medicine</b>		
Assistant professor	120,000	158,000
Associate professor	137,000	174,000
Professor	148,000	205,000
<b>Medicine – Allergy/Immunology</b>		
Assistant professor	107,000	175,000
Associate professor	115,000	183,000
Professor	156,000	228,000
<b>Medicine - Cardiology</b>		
Assistant professor	158,000	275,000
Associate professor	183,000	310,000
Professor	201,000	334,000
<b>Medicine – Dermatology</b>		
Assistant professor	126,000	265,000
Associate professor	150,000	291,000
Professor	168,000	298,000
<b>Medicine - Endocrinology</b>		
Assistant professor	103,000	143,000
Associate professor	132,000	175,000
Professor	161,000	239,000

(see footnotes on last page)



**COMPENSATION BENCHMARKS**

Clinical Faculty (MD degree)	2007 Benchmark <sup>1</sup>	
	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
Medicine - Gastroenterology		
Assistant professor	145,000	240,000
Associate professor	178,000	285,000
Professor	192,000	300,000
Medicine - General Internal		
Assistant professor	120,000	158,000
Associate professor	132,000	181,000
Professor	159,000	226,000
Medicine - Geriatrics		
Assistant Professor	112,000	140,000
Associate professor	140,000	179,000
Professor	157,000	231,000
Medicine – Hematology/Oncology		
Assistant professor	130,000	186,000
Associate professor	155,000	226,000
Professor	185,000	287,000
Medicine – Infectious Diseases		
Assistant professor	108,000	140,000
Associate professor	133,000	167,000
Professor	158,000	222,000
Medicine - Nephrology		
Assistant professor	120,000	165,000
Associate professor	146,000	200,000
Professor	172,000	237,000
Medicine – Pulmonary		
Assistant professor	121,000	165,000
Associate professor	147,000	195,000
Professor	170,000	233,000
Medicine - Rheumatology		
Assistant professor	106,000	148,000
Associate professor	127,000	178,000
Professor	156,000	222,000

(see footnotes on last page)

**COMPENSATION BENCHMARKS**

2007 Benchmark <sup>1</sup>

Clinical Faculty (MD degree)	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
<b>Neurological Surgery</b>		
Assistant professor	220,000	400,000
Associate professor	235,000	477,000
Professor	245,000	515,000
<b>Neurology</b>		
Assistant professor	110,000	152,000
Associate professor	136,000	192,000
Professor	163,000	232,000
<b>Obstetrics &amp; Gynecology - General</b>		
Assistant professor	148,000	225,000
Associate professor	170,000	260,000
Professor	170,000	331,000
<b>Obstetrics &amp; Gynecology – Gynecologic Oncology</b>		
Assistant professor	189,000	255,000
Associate professor	218,000	351,000
Professor	221,000	363,000
<b>Obstetrics &amp; Gynecology – Maternal and Fetal</b>		
Assistant professor	164,000	240,000
Associate professor	199,000	263,000
Professor	230,000	322,000
<b>Obstetrics &amp; Gynecology – Reproductive Endocrinology</b>		
Assistant professor	145,000	208,000
Associate professor	175,000	270,000
Professor	213,000	302,000
<b>Ophthalmology</b>		
Assistant professor	125,000	215,000
Associate professor	165,000	284,000
Professor	177,000	307,000

(see footnotes on last page)

COMPENSATION BENCHMARKS

2007 Benchmark <sup>1</sup>

Clinical Faculty (MD degree)	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
<b>Orthopedic Surgery</b>		
Assistant professor	200,000	368,000
Associate professor	225,000	451,000
Professor	241,000	450,000
<b>Otolaryngology</b>		
Assistant professor	166,000	245,000
Associate professor	205,000	307,000
Professor	200,000	358,000
<b>Pathology - Anatomic</b>		
Assistant professor	133,000	175,000
Associate professor	155,000	210,000
Professor	182,000	256,000
<b>Pathology - Clinical</b>		
Assistant professor	128,000	178,000
Associate professor	149,000	208,000
Professor	187,000	273,000
<b>Pathology - Other</b>		
Assistant professor	108,000	156,000
Associate professor	141,000	186,000
Professor	164,000	246,000
<b>Pediatrics – Allergy/Immunology</b>		
Assistant professor	103,000	132,000
Associate professor	126,000	185,000
Professor	148,000	215,000
<b>Pediatrics - Cardiology</b>		
Assistant professor	138,000	185,000
Associate professor	169,000	220,000
Professor	193,000	260,000

(see footnotes on last page)



COMPENSATION BENCHMARKS

Clinical Faculty (MD degree)	2007 Benchmark <sup>1</sup>	
	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
Pediatrics – Critical/Intensive Care		
Assistant professor	136,000	184,000
Associate professor	171,000	226,000
Professor	191,000	269,000
Pediatrics - Endocrinology		
Assistant professor	103,000	134,000
Associate professor	127,000	163,000
Professor	146,000	188,000
Pediatrics - Gastroenterology		
Assistant professor	121,000	158,000
Associate professor	153,000	192,000
Professor	167,000	228,000
Pediatrics - General		
Assistant professor	108,000	154,000
Associate professor	122,000	178,000
Professor	140,000	241,000
Pediatrics - Genetics		
Assistant professor	96,000	123,000
Associate professor	120,000	150,000
Professor	143,000	200,000
Pediatrics – Hematology/Oncology		
Assistant professor	110,000	134,000
Associate professor	134,000	168,000
Professor	163,000	212,000
Pediatrics – Infectious Diseases		
Assistant professor	98,000	121,000
Associate professor	117,000	151,000
Professor	143,000	203,000

(see footnotes on last page)

**COMPENSATION BENCHMARKS**

2007 Benchmark <sup>1</sup>

Clinical Faculty (MD degree)	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
<b>Pediatrics – Neonatology</b>		
Assistant professor	133,000	180,000
Associate professor	170,000	214,000
Professor	189,000	259,000
<b>Pediatrics – Nephrology</b>		
Assistant professor	113,000	145,000
Associate professor	127,000	172,000
Professor	143,000	231,000
<b>Pediatrics – Neurology</b>		
Assistant professor	123,000	146,000
Associate professor	144,000	181,000
Professor	171,000	228,000
<b>Pediatrics – Pulmonary</b>		
Assistant professor	116,000	150,000
Associate professor	141,000	175,000
Professor	152,000	210,000
<b>Physical Med &amp; Rehabilitation</b>		
Assistant professor	125,000	199,000
Associate professor	140,000	198,000
Professor	144,000	233,000
<b>Psychiatry</b>		
Assistant professor	115,000	157,000
Associate professor	134,000	178,000
Professor	156,000	227,000
<b>Radiation Oncology</b>		
Assistant professor	208,000	295,000
Associate professor	223,000	343,000
Professor	251,000	400,000

(see footnotes on last page)

**COMPENSATION BENCHMARKS**

2007 Benchmark <sup>1</sup>

Clinical Faculty (MD degree)	AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
Radiology (Interventional)		
Assistant professor	228,000	465,000
Associate professor	268,000	465,000
Professor	260,000	428,000
Radiology (Non-Interventional)		
Assistant professor	200,000	311,000
Associate professor	218,000	327,000
Professor	239,000	346,000
Surgery - General		
Assistant professor	172,000	265,000
Associate professor	186,000	325,000
Professor	202,000	369,000
Surgery - Pediatrics		
Assistant professor	215,000	336,000
Associate professor	251,000	387,000
Professor	300,000	451,000
Surgery - Plastic		
Assistant professor	181,000	307,000
Associate professor	210,000	368,000
Professor	246,000	502,000
Surgery – Thoracic & Cardiovascular Surgery		
Assistant professor	200,000	350,000
Associate professor	245,000	451,000
Professor	280,000	570,000
Surgery - Transplant		
Assistant professor	168,000	278,000
Associate professor	244,000	414,000
Professor	258,000	426,000
Surgery - Urology		
Assistant professor	165,000	263,000
Associate professor	196,000	339,000
Professor	218,000	363,000

(see footnotes on last page)



**COMPENSATION BENCHMARKS**

2007 Benchmark <sup>1</sup>

**Clinical Faculty (MD degree)**

AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
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Surgery - Vascular

Assistant professor	198,000	275,000
Associate professor	221,000	359,000
Professor	252,000	378,000

2007 Benchmark <sup>2</sup>

**Ph.D. or other doctoral degree  
In a Clinical Department**

AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
-------------------------------------	---------------------------------------

Lecturer/Asst in/Assoc In	49,000	72,000
Assistant professor	64,000	91,000
Associate professor	85,000	124,000
Professor	113,000	178,000

2007 Benchmark <sup>3</sup>

**Ph.D. or other doctoral degree  
In a Basic Science Department**

AAMC 20 <sup>th</sup> Percentile	AAMC – 75 <sup>th</sup> Percentile
-------------------------------------	---------------------------------------

Lecturer/Asst in/Assoc In	45,000	NA
Assistant professor	62,000	NA
Associate professor	83,000	NA
Professor	112,000	NA

**Footnotes**

1. Source: AAMC Report on Medical Faculty Salaries 2006-2007: Fixed/Contractual Salary Plus Medical Practice Supplement, MD or equivalent faculty, all medical schools – special report prepared by AAMC. Medical practice supplement includes on call payments, additional duties, etc. Bonus/incentive payments are not included.

**COMPENSATION BENCHMARKS**

2. Source: AAMC Report on Medical Faculty Salaries 2006 -2007: Fixed/Contractual Salary Plus Medical Practice Supplement, PhD and other doctoral faculty, all medical school – Total Clinical Sciences used for all faculty – special report prepared by AAMC. Bonus/incentive payments are not included.
3. Source: AAMC Report on Medical Faculty Salaries 2006-07: Fixed/Contractual Salary Plus Medical Practice Supplement, PhD and other doctoral faculty, all medical schools – Total Basic Sciences used for all faculty – special report prepared by AAMC. Bonus/incentive payments are not included.

**THIS TABLE SHOULD BE  
USED IN SETTING TARGETS  
FOR FISCAL YEAR 2008/2009.**

University of Florida College of Medicine  
Faculty Compensation Plan  
**Medical Group Management Association**  
**Academic Practice Compensation and Productivity Survey 2008 Report**  
**Table 28 Standardized Work RVUs for Academic Faculty to 100%**  
**Billable Clinical Activity**

<b>Department</b>	<b>MGMA 50<sup>th</sup> Percentile</b>	<b>MGMA 90<sup>th</sup> Percentile</b>
Anesthesiology	4,185	17,129
Emergency Medicine	7,828	13,526
Family practice (with OB)	4,347	8,253
Family practice (without OB)	4,581	6,306
Internal Medicine: General	4,137	6,186
Cardiology: Invasive	8,610	13,424
Cardiology: Inv-Intervntnl	7,575	13,518
Cardiology: Noninvasive	6,000	9,492
Dermatology	6,712	9,857
Dermatology: MOHS Surgery	15,680	36,173
Endocrinology/metabolism	4,258	6,079
Gastroenterology	8,215	15,654
Geriatrics	3,447	6,214
Hematology/oncology	4,970	7,547
Infectious Disease	4,480	6,655
Nephrology	5,824	9,138
Oncology (only)	4,562	8,743
Pulmonary medicine	6,013	11,686
Rheumatology	4,216	7,345
Neurology	4,330	6,902
Neurosurgery	10,642	20,025
Ob/Gyn: General	7,799	14,570
Ob/Gyn: Maternal & Fetal	7,382	14,181
Ophthalmology	7,231	14,242
Orthopedic surgery:	8,745	14,385
Otorhinolaryngology	7,512	14,582



University of Florida College of Medicine  
Faculty Compensation Plan  
**Medical Group Management Association**  
**Academic Practice Compensation and Productivity Survey 2008 Report**  
**Table 28 Standardized Work RVUs for Academic Faculty to 100%**  
**Billable Clinical Activity**

Department	MGMA 50 <sup>th</sup> Percentile	MGMA 90 <sup>th</sup> Percentile
Pathology: Anatomic	7,009	12,355
Pathology: Clinical	2,981	9,874
Pediatrics: General	3,308	5,525
Allergy/Immunology	3,167	5,369
Cardiology	4,987	8,289
Critical Care	7,032	13,470
Endocrinology	3,047	5,599
Gastroenterology	3,735	6,203
Genetics	1,787	4,354
Hematology/oncology	3,002	6,197
Infectious Disease	2,444	4,001
Neonatology	9,189	18,367
Neurology	3,759	6,027
Nephrology	3,730	6,215
Pulmonary	3,446	7,605
Psychiatry: General	3,051	5,722
Psychiatry: Child & Adolescent	3,680	6,897
Radiation oncology	9,406	15,994
Radiology: Diagnostic-Invasive	10,437	15,532
Radiology: Diagnostic-Noninvasive	8,042	13,498
Radiology: Nuclear Medicine	5,619	11,676

University of Florida College of Medicine  
 Faculty Compensation Plan  
**Medical Group Management Association**  
**Academic Practice Compensation and Productivity Survey 2008 Report**  
**Table 28 Standardized Work RVUs for Academic Faculty to 100%**  
**Billable Clinical Activity**

Department	MGMA 50 <sup>th</sup> Percentile	MGMA 90 <sup>th</sup> Percentile
Surgery: General	7,084	13,139
Surgery: Cardiovascular	9,317	19,930
Surgery: Oncology	7,574	12,562
Surgery: Pediatric	8,234	11,289
Surgery: Plastic & Reconstruction	8,408	13,451
Surgery: Thoracic (primary)	8,350	20,847
Surgery: Transplant	7,842	14,233
Surgery: Trauma	9,068	13,919
Surgery: Trauma-Burn	7,132	14,852
Surgery: Vascular (primary)	8,970	13,131
Urology	7,786	13,014

University of Florida College of Medicine Faculty Compensation Plan  
**EDUCATIONAL INCENTIVE AND EXEMPLARY TEACHER AWARDS**

The educational incentive and exemplary teacher awards are given to outstanding teachers in the College of Medicine. The goal is to recognize and reward the top ten percent of teachers in the College.

Faculty are selected based on the excellence of their teaching of medical students, residents and fellows, graduate students, post-docs, and mentorship of other faculty. Activities in these areas should be documented in the annual faculty evaluations. The Selection Committee will judge teaching excellence based on the quality of teaching, as assessed by teaching and peer evaluations, teaching effort, and a candidate's educational accomplishments.

To qualify for an award of excellence in education, candidates must have an educational grade of 4.5 or better, no grade less than 3.0, and an educational assignment of at least 15%. (If extenuating circumstances exist such that a Department chair believes a particular faculty member deserves consideration for the educational incentive and exemplary teacher award with less than 15% time assigned to education, the nomination can proceed with a request to the Selection Committee to excuse the 15% educational assignment requirement.)

Each Department can nominate one or more faculty who meet the criteria above. The maximum number of nominations by a Department will be based on the Department's assigned educational FTE. This number is determined by calculating the sum of the educational FTE assignment of faculty in each Department for the academic year. This total by Department is rounded up to the next whole number.

The Department chair must approve all nominees and either rank order or categorize those submitted for the incentive awards as outstanding, excellent, or very good. The educational portion of the Department chair's annual evaluation letter will be used to support nominated individuals, or a separate letter from the chair may be sent. As the primary support document, the evaluation letter must include a summary of the candidate's educational activities, emphasizing educational accomplishments, activities and evaluations of medical students, residents and fellows, graduate students, post-docs, and mentorship of other faculty. It must include the candidate's performance grades for all assigned missions. Nominated applicants should review their evaluation letter for completeness prior to submission.

The Selection Committee will determine which of the nominated faculty receive awards.

**D. Selection Committee** (*Members are not eligible for an incentive award*).

1. Senior Associate Dean for Education or designee, serves as Chair of the Selection Committee.
2. Associate Dean for Graduate Education.



3. Associate Dean for Medical Education.
4. Associate Dean for Graduate Medical Education.
5. Associate Dean for Education Affairs at the UF Health Science Center Jacksonville.
6. Chair of the College of Medicine Curriculum Committee.
7. Faculty member appointed by Society of Teaching Scholars.
8. Basic Science Department Chair appointed by the Dean.
9. Clinical Department Chair appointed by the Dean.
10. President of the Faculty Council or his/her designee.

**E. Incentive awards.** The recommended minimum and maximum awards will be determined by funds available. The selection Committee may recommend to the Dean the actual size of the awards.

**H. Exemplary Teacher Awards.** Faculty receiving incentive awards will be recognized as Exemplary Teachers at the Educational Week Banquet held during spring semester.

**I. Timeline for awards**

1. **June 1, 2009:** List of eligible candidates sent to departmental chairs.
2. **August 15, 2009:** Deadline for submission of candidate applications.
3. **September 1, 2009:** Selection of award winners and recommendations due in Dean's office.
4. **Fall semester:** Award of monetary incentives.
5. **Spring semester:** recognition of Exemplary Teachers (those receiving educational incentives)

TIMELINE

Month	Activity
July 1, 2008	Start of fiscal year and faculty evaluation period.
Sept 30, 2008	End of first quarter.
Dec 31, 2008	End of second quarter.
Feb, 2009	Semi-annual individual clinical or research incentive payments if approved by Dean.
Mar 31, 2009	End of third quarter.
April, 2009	Budget goals established for clinical departments for next fiscal year.
May, 2009	Budget process finalized.
June 5, 2009	Departments notified of candidates for educational incentives.
June 30, 2009	End of fiscal year. FY08-09 faculty evaluation period ends.
July 1, 2009 July 9, 2009	Start of fiscal year (FY09-10). Clinical evaluation base grades assigned by COM and distributed to chairs. Departmental wRVU targets distributed to clinical departments.  Annual faculty evaluations conducted for prior fiscal year and assignment of new faculty productivity targets for current fiscal year (due to summer vacation plans, some evaluations may be conducted in June). Determine size (if any) of departmental bonus pool and eligible faculty. Date of payments determined by Dean.
Aug 14, 2009	Chair's letter of annual evaluation given to faculty. Faculty letters of FY 09-10 assignment, signed by chair and faculty member, due to Jan Eller's office.
Aug 14, 2009	Deadline for submission of education incentive applications.
Sept 15, 2009	Recommendation of Education Selection Committee due in Dean's office.
Fall semester	Payment of individual clinical, research and education incentives as approved by the Dean.