

**UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE**

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**Faculty Compensation Plan**

**July 1, 2011 to June 30, 2012**

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## **INTRODUCTION**

The goal of the University of Florida (UF) College of Medicine (COM) faculty compensation plan is to promote and reward individual success in teaching, research, service and patient care through monetary incentives.

The compensation plan covers both clinical and basic science faculty employed by the COM. All faculty employed in salaried, benefits-eligible positions participate except: (1) faculty reporting to COM leadership in Jacksonville (COM faculty employed at the Jacksonville regional campus are covered under a separate compensation plan), (2) OPS and Emeritus faculty, (3) postdoctoral associates and research associates, (4) visiting faculty, (5) Advanced Registered Nurse Practitioners and Physician Assistants, and (6) faculty specifically exempted by the Dean.

A new faculty member who is employed after the first business day of the fiscal year may be included in the plan if the position is included in the department's annual budget and has been given an appropriate assignment and, for clinical faculty, a work Relative Value Unit (wRVU) target.

This compensation plan is subject to periodic review by the COM Compensation Committee and revision by the Dean to ensure that the goals of the plan are being met. Without revising the plan, incentive payments or other elements of this plan may be suspended in specific cases where the College of Medicine faces financial exigency, as determined by the Dean. To encourage flexibility and creativity in compensation arrangements, the dean may approve departmental compensation plans which differ from the terms of this compensation plan.

Standing research and clinical subcommittees of the Compensation Committee are available to make recommendations to chairs or the Dean, as appropriate, about disputes, conflicts, or questions surrounding faculty compensation.

## **BASE SALARY**

Base salary is a faculty member's fixed contracted salary. Base salary may be adjusted annually in accordance with UF and COM guidelines and based on the faculty member's performance.

Base salary, also referred to as "Fixed/Contractual Salary Plus Medical Practice Supplement" in the Association of American Medical Colleges (AAMC) Faculty Salary Survey, will be subject to an established floor and ceiling, stratified for rank and specialty (EXHIBIT A). A faculty member's base

salary cannot be reduced below the AAMC 20<sup>th</sup> percentile, and cannot exceed the AAMC 75<sup>th</sup> percentile, except as noted below. It is the intent of the COM to provide appropriate total compensation without inflating base salary. When annual faculty salary increases are authorized by UF or the COM, faculty above the 75<sup>th</sup> percentile may be granted a payment in lieu of a base salary adjustment. Other external benchmarks in lieu of the AAMC 75<sup>th</sup> percentile ceiling may be used with the approval of the Dean. For basic science faculty and PhD's in clinical departments, base salary is subject to the AAMC 20<sup>th</sup> percentile floor but not the ceiling.

Total compensation is comprised of base salary, administrative supplements, productivity incentives, year-end departmental incentives, and one time payments. Total compensation may not exceed fair market value. In order to receive an incentive payment, a faculty member must be employed with the College of Medicine in a faculty position through June 30<sup>th</sup> of the current year.

Base salary increases will be made in accordance with UF and COM guidelines, including increases associated with faculty promotions.

Based on annual evaluations and performance, department chairs will assign faculty a compensation score in each mission area of assigned time to calculate a total compensation score as indicated in the table below. Scores are assigned on a 5 point scale, where 0 to 1.9 is unsatisfactory, 2.0 to 2.9 is below performance standards, 3.0 to 3.9 is for achieving performance standards, and 4.0 to 5.0 is for exceeding performance standards. Chairs will adjust the patient care compensation score plus/minus 25 percent based on the patient safety and quality metrics referenced in that section.

<b>Mission</b>	<b>FTE Percent</b>	<b>Compensation Score</b>	<b>FTE Adjusted Compensation Score</b>
Teaching			
Research			
Service			
Patient Care			
Veterans Health Administration			
Total compensation score	100 %		

Faculty are eligible for annual merit increases, incentives, and year-end departmental incentives based upon the faculty member's total compensation score according to the table below. Faculty who receive a total compensation score below 3.0 will be subject to annual reductions in base salary. In such situations, the effective date of base salary reductions will be determined by the Dean.

<b>Total Compensation Score</b>	<b>Outcome</b>
4.0 to 5.0	<b>Exceeds performance standard.</b> Eligible for merit increase, incentives, and year-end departmental incentive.*
3.0 to 3.9	<b>Achieves performance standard.</b> Eligible for merit increase and incentives.*
2.0 to 2.9	<b>Below performance standard.</b> Base salary will be reduced up to 5 percent. Not eligible for incentives or year-end departmental incentive.
0.0 to 1.9	<b>Unsatisfactory performance.</b> Base salary will be reduced up to 10 percent. Not eligible for incentive or year-end departmental incentive.

\*Higher performance scores may result in higher merit increases and year-end incentive.

### **INDIVIDUAL TEACHING INCENTIVE**

To recognize outstanding performance in teaching, an incentive may be available from the COM Office of the Dean for a select number of educators. Eligible faculty will be nominated from each department and participate in a college-wide competition to receive an incentive. 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.

To qualify for an award of excellence in teaching, candidates must have a teaching grade of 4.5 or better, no grade less than 3.0, and a teaching assignment of at least 15%. If extenuating circumstances exist such that a department chair believes a particular faculty member deserves consideration for the award with less than 15% time assigned to teaching, the nomination can proceed with a request to the selection committee to excuse the 15% teaching assignment requirement. Department chairs and members of the selection committee are not eligible for the teaching incentive.

Each department may nominate one or more faculty meeting the criteria referenced above. The maximum number of nominations by a department will be based on the department's assigned teaching FTE. This

number is determined by calculating the sum of the teaching 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 teaching 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 issued. As the primary support document, the evaluation letter must include a summary of the candidate's teaching activities, emphasizing teaching accomplishments, and evaluations of medical students, residents and fellows, graduate students, post-docs, and mentored junior faculty. The evaluation letter must also 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 judge teaching excellence based on the quality of teaching, as assessed by teaching and peer evaluations, teaching effort, and a candidate's teaching accomplishments. The committee will determine which of the nominated faculty receive awards, with the goal to select the best COM educators.

The selection committee shall be comprised of the following individuals:

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. Director of the Physician Assistant Program.
6. Basic Science Department Chair appointed by the Dean.
7. Clinical Department Chair appointed by the Dean.
8. President of the Faculty Council or his/her designee.

**Incentive awards:** The minimum and maximum awards will be determined by funds available. The selection committee may recommend to the Dean the monetary value of the awards.

## **INDIVIDUAL RESEARCH INCENTIVE**

To participate in the individual research incentive, a faculty member must have  $\geq 0.20$  FTE time assigned to research and an assistant professor (for up to five years or until promotion to associate professor, whichever occurs first) must have  $\geq 0.30$  FTE assigned to research. However, department chairs can request approval of the Dean for participation in the individual research incentive by faculty with FTE  $< 0.20$  or by assistant professors with FTE  $< 0.30$ , who, in spite of their small amount of time dedicated to research, have obtained grant support for their research salary.

To provide an incentive for faculty to seek salary support from research grants, the percentage of research FTE salary covered by grants will be used to calculate a research incentive according to the table below. For the purpose of the incentive, research salary support will be provided primarily by extramural, peer-reviewed grants. Research grants and research contracts, including industry sponsored research, count towards the research incentive if they specify salary support and are awarded with indirect costs. Salary paid by a research career development award, including Veterans Affairs (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, co-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.

Incentives for grant supported salaries are calculated as a percent of base salary allocated to research for each category of the proportion of research FTE covered by grant funding, as indicated in the table below. For example, if a faculty has .6 FTE assigned to research and .3 FTE (or 50%) is covered by grants, the incentive will be calculated as 2% of the .6 salary allocated to research. For faculty whose salary rate exceeds a cap determined by a funding agency (e.g., NIH cap on salary), determination of the “salary covered” will be based upon the FTE assigned to the grant (relative to the faculty member’s total FTE assigned to research), not the actual amount of funding awarded by the granting agency for that FTE. Likewise, the incentive will be calculated as a percentage of the salary allocated to the research FTE, not the actual salary covered because of the granting agency’s cap.

<b>Base Salary Covered by Grants Adjusted for Research FTE</b>	<b>Incentive as a Percent of Base Salary Allocated to Research</b>
50% or more	2.0
60% or more	3.0
75% or more	4.5
90% 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 incentives for newly appointed assistant professors who are developing a research program, 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, the table below will be used to calculate the faculty member's incentive. To participate in this program, an assistant professor must have  $\geq 30\%$  time assigned to research. (Department chairs can request approval of the Dean for participation in the individual research incentive by assistant professors with FTE  $< 0.30$  who have 20% or more of their research salary supported by grants.)

Base Salary Covered by Grants for qualified Assistant Professors Adjusted for Research FTE	Incentive as a Percent of Salary Allocated to Research
> 20%	2.0
30% or more	3.0
45% of more	4.5
60% or more	6.0

Additional incentives will be given to promote and reward investigator-initiated, peer reviewed, competitive, large-scale research grant/contract awards. To encourage large grants that involve multiple investigators such as Program Projects and Center grants, in which each investigator contributes a separately funded project or a separate project with a dedicated budget, additional research incentives are also provided. Incentives are given for each year of the research award, for grant/contract expenditures to UF that specify salary support for the principal (PI) or lead investigator and pay indirect costs, in accordance with the table below:



<b>Research Activity</b>	<b>Incentive as Percent of Salary Charged to Research Grant</b>
PI or lead investigator on a competitive, peer-reviewed Program Project, center or comparable multiple grant award, with direct costs greater than \$750,000 per year.	6
PI or lead investigator on a competitive, peer-reviewed training grant, with direct expenditures greater than \$ 100,000 per year.	3
PI or lead investigator on investigator-initiated, competitive, peer-reviewed grant(s), including subproject(s) of a competitive, peer reviewed Program Project, center or other multiple grant award(s) with total direct expenditures: <ul style="list-style-type: none"> <li>&gt; \$100,000 per year</li> <li>&gt; \$500,000 per year</li> <li>&gt; \$1,000,000 per year</li> <li>&gt; \$2,000,000 per year</li> </ul>	4 5 6 7
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

The incentive that accrues to the investigator will be calculated and paid semi-annually based on the amount of base salary allocated to the research FTE, not the salary capped by a granting agency. 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 requires a grade of 3.0 or better in all assigned mission categories.

## **ADMINISTRATIVE SUPPLEMENT**

An administrative supplement may be provided for significant administrative responsibilities. Administrative supplements are considered part of a faculty member's base salary. When a faculty member's administrative assignment ends, any administrative supplement associated with that assignment is removed from the faculty member's base salary. One-time payments paid to faculty members for activities such as additional duty or responsibilities are temporary and are not included in base salary.

## **PATIENT SAFETY AND QUALITY**

To emphasize the importance of patient safety and quality as a distinct faculty responsibility, clinical compensation scores will reflect safety and quality of care delivered. The patient care compensation score will be adjusted  $\pm$  25 percent, based on departmentally determined safety and quality metrics, to align the faculty incentives with the current strategic plan of the UF & Shands Academic Health Center, and to reward high quality and safe patient care.

Each department has determined its quality metrics. The metrics currently in place will be reviewed by the Patient Quality and Safety Executive Committee (composed of all physician directors of quality (PDQ) and Shands hospital leadership), and are expected to accurately reflect individual performance in this area. Performance on these metrics will be used to determine the quality component of the faculty compensation score. Examples of metrics that may be measured by a department include meeting Physician Quality Reporting Initiative (PQRI) metrics, patient satisfaction evaluations, core measures, and effectiveness measures such as the Surgical Care Improvement Project. In addition, effective physician leadership is a key to improving and sustaining a safe patient care environment, and evidence of effective leadership will be factored into the quality metrics for each faculty. Examples include serving as a unit based physician leader within a highly effective clinic or hospital unit, managing a quality project with measurable positive results and or effectively serving as a PDQ are all examples of physician leadership.

## **INDIVIDUAL CLINICAL INCENTIVE**

The chair will define, with input from the faculty member, annual wRVU targets. (If wRVU targets are inappropriate, a chair may request the Dean to approve an alternative method of assigning or calculating clinical productivity targets.) In determining the targets, chairs will take into consideration base salary allocated to clinical activities, clinical hours or sessions, historical performance, and opportunity. 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. Any changes in wRVU targets during the year must be approved by the Dean and documented in writing to the faculty member.

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 B). MGMA data exclude residents, 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.

Work RVUs standardize physician services across all types of activities. Work RVUs are converted into net collections using the average ratio of wRVUs to net collections for the appropriate operational unit (department/division/specialty), updated semi-annually. 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. Net revenues for this purpose are defined as equal to gross collections less payment of billing refunds, the Dean's tax and Faculty Group Practice costs.

To participate in the clinical incentive plan, a faculty member must have at least 20% time assigned to clinical service. (Exception: 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.) Faculty who exceed their assigned wRVU targets are eligible to receive an incentive payment.

The incentive payment is 20% of the product of the number of wRVUs above target multiplied by the departmental/division/specialty average net revenue per wRVU. The 20% may be increased by the Dean contingent on sufficient COM financial resources. The department is allocated 70% (less if the individual incentive increases) and the COM 10%. Payment may be made quarterly or semiannually, and the incentive is based on annual projections. Mid-year incentives will include a holdback of 25%, to be paid at year-end, to spread the incentive over the academic year and to guard against unforeseen adverse financial events in the remainder of the year. Fringe benefits are not paid on clinical incentive awards.

To ensure that balance between assigned departmental missions is maintained, eligibility for clinical incentives requires a grade of 3.0 or better in all assigned mission categories.

In circumstances where a group target seems more appropriate than an individual target departments may request approval from the Dean to use a clinical group target.

For faculty with an FTE assignment on clinical contracts based upon a fee for service or fee per encounter, wRVU equivalents will be calculated and credited to faculty. The departmental or divisional average net collections per RVU will be used to determine the wRVU equivalents associated with the clinical contract with fee for services provisions.

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, but may be incentivized according to section below on endowments and contracts.

### **ENDOWMENTS AND CONTRACTS**

COM policy permits base salary to be funded with spendable income from appropriate endowments or contracts to the extent that it is not covered by other funds (i.e., clinical income, research grants, etc.). Payments must be consistent with the legal requirements of the endowment or contract. At the Chair's discretion, when department funds are available, as part of consideration in determining an appropriate departmental incentive, the chair may consider the faculty member's efforts in personally obtaining and maintaining an endowment or contract. By way of illustration, when a chair determines consideration of faculty effort in obtaining a gift or contract that provides salary offsets, the chair may consider an incentive of 1.0 percent for 20% salary savings or more, 1.5 percent for 50% salary savings or more, 2.25 percent for 75% salary savings or more, and 3.0 percent for 90% or more salary savings to the department. Other types of gifts or contracts will be evaluated individually.

### **YEAR-END DEPARTMENT INCENTIVE**

At the end of the fiscal year and with the approval of the Dean, a department with an excess of revenues over expenses may allocate funds to pay year-end departmental incentives to faculty members. Chairs may use this incentive to reward those faculty receiving high evaluations for quality of clinical care and patient safety, obtaining endowments or contracts, or other activities which improve a department's financial performance.

Faculty eligibility for a year-end departmental incentive requires a total compensation score of 4.0 or higher and no grade less than 3.0 in any assigned mission category. In special situations, a chair can appeal to the Dean to grant a year-end departmental incentive to a faculty member who has made significant contributions to the betterment of the department, even if that faculty member does not have the grades that would otherwise qualify him/her for a year-end departmental incentive.

## **COMPENSATION PLAN DATABASE**

The COM's Fiscal Services Division is responsible 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 may access their individual accounts and monitor their performance toward assigned targets at the following address:

<http://apps.comfs.ufl.edu/compplan>. A Gatorlink identification and password are required to access the compensation plan database.

## **RESOLUTION OF CONFLICT AND GRIEVANCES**

Implementation of the compensation plan requires negotiation between a faculty member and his/her chair or designee. In the rare circumstance when a faculty member cannot reach agreement with his/her chair, the faculty member may appeal to the Dean. In addition, faculty members may pursue their concerns/disputes regarding compensation plan issues through the University of Florida's faculty grievance process.

## TIMELINE

The annual evaluation period for faculty members coincides with the fiscal year beginning July 1<sup>st</sup> and ending June 30<sup>th</sup>. 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 quarterly beginning with the start of the fiscal year. The complete timeline is below.

Month	Activity
July 1	Start of fiscal year and faculty evaluation period.
Jan/Feb	Budget goals, discussion with individual faculty, specifically wRVU targets and research funding.
Feb	Semi-annual individual clinical or research incentive payments to be awarded if approved by the Dean.
Spring semester	Recognition of Exemplary Teachers
April	Budget goals established for clinical departments for next fiscal year.
May	Budget process finalized.
June	Departments notified of eligible candidates for teaching incentives.
June	End of fiscal year. FY faculty evaluation period ends.
July 1 July 15	Start of fiscal year. 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 year-end Departmental incentive pool and eligible faculty. Date of payments determined by Dean.
Aug 15	Deadline for chairs to issue annual letters of evaluation to faculty. Faculty letters of next FY assignment, signed by chair and faculty member, due to Jan Eller's office.
Aug 15 Sept 15	Deadline for submission of teaching incentive applications. Recommendation of Teaching Selection Committee due in Dean's office.
Fall semester	Deadline for compensation letters to faculty as established by the Dean. Payment of individual clinical, research and teaching incentives as approved by the Dean.

**Compensation Benchmarks****for****Faculty in Clinical Department with MD Degree**

Department/Specialty	Percentile	Rank		
		Assistant	Associate	Professor
Anesthesiology: General	20th Percentile	218	235	240
	75th Percentile	310	345	357
Anesthesiology: Pain Management	20th Percentile	220	226	267
	75th Percentile	295	313	331
Anesthesiology: Pediatric	20th Percentile	220	254	256
	75th Percentile	336	371	357
Dermatology (excluding Mohs Surgery)	20th Percentile	150	182	184
	75th Percentile	287	321	355
Dermatology: Mohs Surgery	20th Percentile	272	235	272
	75th Percentile	478	715	485
Allergy/Immunology-Med.	20th Percentile	91	132	169
	75th Percentile	180	206	249
Cardiology: Invasive Interventional-Med.	20th Percentile	221	249	251
	75th Percentile	390	430	439
Cardiology: Invasive Non-interventional-Med.	20th Percentile	200	219	212
	75th Percentile	315	331	378
Cardiology: Non-invasive-Med.	20th Percentile	158	187	211
	75th Percentile	268	293	325
Critical/Intensive Care-Med.	20th Percentile	150	169	197
	75th Percentile	199	237	294
Endocrinology-Med.	20th Percentile	111	140	165
	75th Percentile	159	194	248
Gastroenterology-Med.	20th Percentile	165	195	215
	75th Percentile	270	330	350
General Internal Medicine	20th Percentile	130	144	175
	75th Percentile	180	216	261
Geriatrics-Med.	20th Percentile	120	146	167
	75th Percentile	161	189	233

Source: AAMC Report on Medical Faculty Salaries 2009-2010/University of Florida College of Medicine Special Report. Fixed/Contractual Salary plus Medical Practice Supplement, M.D. faculty, All Medical Schools.

University of Florida College of Medicine  
Faculty Compensation Plan  
**Compensation Benchmarks**  
**for**  
**Faculty in Clinical Department with MD Degree**

Department/Specialty	Percentile	Rank		
		Assistant	Associate	Professor
Hematology/Oncology-Med.	20th Percentile	150	173	209
	75th Percentile	219	260	323
Hospital Medicine	20th Percentile	149	155	191
	75th Percentile	185	202	274
Infectious Disease-Med.	20th Percentile	115	138	175
	75th Percentile	150	180	246
Nephrology-Med.	20th Percentile	127	158	195
	75th Percentile	185	224	274
Pulmonary-Med.	20th Percentile	135	167	188
	75th Percentile	205	228	272
Rheumatology-Med.	20th Percentile	110	134	170
	75th Percentile	157	191	240
Other Medicine	20th Percentile	122	150	180
	75th Percentile	207	243	302
OB/GYN: General	20th Percentile	162	188	195
	75th Percentile	240	266	333
OB/GYN: Gynecologic Oncology	20th Percentile	200	229	240
	75th Percentile	271	392	438
OB/GYN: Maternal & Fetal	20th Percentile	183	220	255
	75th Percentile	304	323	380
OB/GYN: Reproductive Endocrinology	20th Percentile	166	209	233
	75th Percentile	243	319	375
OB/GYN: Other OB/GYN	20th Percentile	150	196	153
	75th Percentile	224	280	268
Pathology: Anatomic	20th Percentile	150	179	211
	75th Percentile	192	230	287

Source: AAMC Report on Medical Faculty Salaries 2009-2010/University of Florida College of Medicine Special Report. Fixed/Contractual Salary plus Medical Practice Supplement, M.D. faculty, All Medical Schools.



**Compensation Benchmarks****for****Faculty in Clinical Department with MD Degree**

Department/Specialty	Percentile	Rank		
		Assistant	Associate	Professor
Pathology: Clinical	20th Percentile	145	174	202
	75th Percentile	185	232	292
Pathology: Other Pathology	20th Percentile	117	130	181
	75th Percentile	193	208	268
Adolescent Medicine-Peds	20th Percentile	113	139	157
	75th Percentile	133	165	217
Allergy/Immunology-Peds.	20th Percentile	120	137	161
	75th Percentile	146	190	242
Child & Adolescent Psychiatry	20th Percentile	140	145	171
	75th Percentile	183	214	239
Critical/Intensive Care-Peds.	20th Percentile	151	182	225
	75th Percentile	201	240	293
Emergency Medicine-Peds.	20th Percentile	143	179	188
	75th Percentile	191	227	245
Endocrinology-Peds.	20th Percentile	115	132	165
	75th Percentile	139	173	206
Gastroenterology-Peds.	20th Percentile	140	170	186
	75th Percentile	172	204	257
General Pediatrics	20th Percentile	117	134	157
	75th Percentile	160	183	238
Genetics-Peds.	20th Percentile	110	132	156
	75th Percentile	136	163	225
Hematology/Oncology-Peds.	20th Percentile	125	150	184
	75th Percentile	150	187	249
Hospital Medicine-Peds.	20th Percentile	125	137	180
	75th Percentile	151	187	218
Infectious Disease-Peds.	20th Percentile	106	126	159
	75th Percentile	132	153	225

Source: AAMC Report on Medical Faculty Salaries 2009-2010/University of Florida College of Medicine Special Report. Fixed/Contractual Salary plus Medical Practice Supplement, M.D. faculty, All Medical Schools.

**Compensation Benchmarks  
for  
Faculty in Clinical Department with MD Degree**

Department/Specialty	Percentile	Rank		
		Assistant	Associate	Professor
Neonatology	20th Percentile	145	177	203
	75th Percentile	203	240	292
Nephrology-Peds.	20th Percentile	120	140	168
	75th Percentile	148	182	221
Neurology-Peds.	20th Percentile	131	157	185
	75th Percentile	164	195	240
Pediatric Cardiology	20th Percentile	155	190	218
	75th Percentile	205	256	316
Pulmonary-Peds.	20th Percentile	125	151	173
	75th Percentile	158	190	232
Rheumatology-Peds.	20th Percentile	125	145	163
	75th Percentile	141	175	199
Diagnostic Radiology: Interventional	20th Percentile	220	284	279
	75th Percentile	386	434	400
Diagnostic Radiology: Non-interventional	20th Percentile	238	245	270
	75th Percentile	343	349	397
Nuclear Medicine	20th Percentile	214	241	239
	75th Percentile	342	306	379
Radiation Oncology	20th Percentile	230	272	285
	75th Percentile	340	375	437
Other Radiology	20th Percentile	237	250	288
	75th Percentile	506	434	475
General Surgery	20th Percentile	185	230	224
	75th Percentile	282	356	411
Neurosurgery	20th Percentile	265	300	278
	75th Percentile	454	552	583

**Compensation Benchmarks  
for  
Faculty in Clinical Department with MD Degree**

Department/Specialty	Percentile	Rank		
		Assistant	Associate	Professor
Orthopaedic Surgery	20th Percentile	220	268	269
	75th Percentile	419	508	500
Pediatric Surgery	20th Percentile	250	296	350
	75th Percentile	378	425	561
Plastic Surgery	20th Percentile	200	232	270
	75th Percentile	330	390	513
Surgical Oncology	20th Percentile	200	210	238
	75th Percentile	254	345	387
Thoracic & Cardiovascular Surgery	20th Percentile	231	293	315
	75th Percentile	401	525	622
Transplant Surgery	20th Percentile	205	244	254
	75th Percentile	315	398	502
Trauma/Critical Care Surgery	20th Percentile	200	248	254
	75th Percentile	283	352	371
Urology	20th Percentile	196	227	261
	75th Percentile	304	365	404
Vascular Surgery	20th Percentile	215	257	276
	75th Percentile	303	451	422
Emergency Medicine	20th Percentile	181	195	203
	75th Percentile	231	254	275
Family Medicine	20th Percentile	130	146	160
	75th Percentile	169	188	206
Neurology	20th Percentile	125	150	178
	75th Percentile	174	209	250
Ophthalmology	20th Percentile	134	165	193
	75th Percentile	226	302	340
Otolaryngology	20th Percentile	184	215	247
	75th Percentile	275	342	394

Source: AAMC Report on Medical Faculty Salaries 2009-2010/University of Florida College of Medicine Special Report. Fixed/Contractual Salary plus Medical Practice Supplement, M.D. faculty, All Medical Schools.

University of Florida College of Medicine  
Faculty Compensation Plan  
**Compensation Benchmarks**  
**for**  
**Faculty in Clinical Department with MD Degree**

Department/Specialty	Percentile	Rank		
		Assistant	Associate	Professor
Physical Medicine & Rehabilitation	20th Percentile	135	155	185
	75th Percentile	216	227	257
Psychiatry	20th Percentile	129	149	168
	75th Percentile	178	200	250

University of Florida College of Medicine  
 Faculty Compensation Plan  
**Compensation Benchmarks**  
 for  
**Faculty with PhD or Other Doctoral Degree**

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

	<b>Instructor</b>	<b>Assistant</b>	<b>Associate</b>	<b>Professor</b>
20th Percentile	52	69	91	125
75th Percentile	76	99	135	195

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

	<b>Instructor</b>	<b>Assistant</b>	<b>Associate</b>	<b>Professor</b>
20th Percentile	46	66	90	121
75th Percentile	63	95	120	186

Source: AAMC Report on Medical Faculty Salaries 2009-2010/University of Florida College of Medicine Special Report. Fixed/Contractual Salary plus Medical Practice Supplement, Ph.D. or Other Doctoral faculty , All Medical Schools.

University of Florida College of Medicine  
Faculty Compensation Plan  
**Medical Group Management Association (MGMA)**  
**Academic Practice Compensation and Production Survey 2011 Report**  
**Table 19.1 Standardized Work RVUs to 100% Billable**  
**Clinical Activity for All Academic Faculty**

<b>Department</b>	<b>MGMA 50th Percentile</b>	<b>MGMA 90th Percentile</b>
Emergency Medicine	5,664	12,065
Family Practice (with OB)	5,063	8,781
Family Practice (without OB)	4,679	6,362
Internal Medicine: General	4,771	7,135
Cardiology: Invasive	8,749	13,620
Cardiology: Inv-Interventnl	9,439	15,280
Cardiology: Noninvasive	7,100	11,247
Dermatology	7,056	15,328
Dermatology: Mohs Surgery	19,511	34,495
Endocrinology/Metabolism	5,041	7,567
Gastroenterology	7,772	13,193
Geriatrics	3,184	6,422
Hematology/Oncology	4,809	9,319
Infectious Disease	3,891	7,679
Nephrology	6,861	11,579
Oncology (only)	4,897	10,182
Pulmonary Medicine	7,544	14,376
Rheumatology	4,815	10,095
Neurology	4,543	9,140
Neurosurgery	10,785	20,242
Obstetrics/Gynecology: General	7,065	12,700
OB/GYN: Maternal & Fetal Medicine	8,830	20,833
Ophthalmology	5,576	11,158
Orthopedic Surgery	9,012	12,418
Otorhinolaryngology	7,868	11,604
Pathology: Anatomic	6,751	10,875
Pathology: Clinical	1,688	35,659
Pediatrics: General	3,829	7,485
Cardiology	4,387	7,436
Critical Care	7,466	11,516
Endocrinology	3,136	5,202

University of Florida College of Medicine  
Faculty Compensation Plan  
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**Table 19.1 Standardized Work RVUs to 100% Billable**  
**Clinical Activity for All Academic Faculty**

<b>Department</b>	<b>MGMA 50th Percentile</b>	<b>MGMA 90th Percentile</b>
Gastroenterology	4,780	6,900
Genetics	1,724	6,138
Hematology/Oncology	3,111	5,386
Infectious Disease	2,788	5,151
Neonatal Medicine	14,630	23,895
Nephrology	4,263	6,558
Neurology	3,804	8,143
Pulmonology	4,783	6,975
Psychiatry	3,001	6,899
Radiation Oncology	9,363	14,238
Radiology: Diagnostic-Invasive	9,094	14,737
Radiology: Diagnostic-Noninvasive	8,081	13,695
Radiology: Nuclear Medicine	4,731	9,324
Surgery: General	8,098	13,961
Surgery: Cardiovascular	10,711	21,331
Surgery: Cardiovascular-Pediatric	10,875	22,135
Surgery: Oncology	7,571	12,273
Surgery: Pediatric	8,146	12,409
Surgery: Plastic & Reconstruction	8,661	14,332
Surgery: Thoracic (primary)	7,205	15,701
Surgery: Transplant	8,733	13,985
Surgery: Trauma	10,429	17,562
Surgery: Trauma-Burn	9,182	13,617
Surgery: Vascular (primary)	10,416	16,985
Urology	9,871	16,987