

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE



Faculty Compensation Plan

June 19, 2014

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INTRODUCTION

The goal of the University of Florida (UF) College of Medicine (COM) faculty compensation plan is to assure the fiscal health of the COM while simultaneously promoting and rewarding 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 the faculty member has been given an appropriate assignment and, for clinical faculty, a work Relative Value Unit (wRVU) target.

The COM financial health must be preserved by ensuring that revenues exceed expenses annually. When COM revenues exceed expenses, the margin will be distributed to: (1) a faculty incentive pool, (2) a year-end departmental incentive pool, and (3) COM reserves. The Dean of the COM will determine, with input from the department chairs and the faculty council, the distribution of excess revenue to the incentive pool, year-end departmental incentive pool and COM reserves.

Faculty members are compensated with base pay and may receive incentive pay and/or year-end departmental incentive pay if performance measures are met or exceeded. Collectively, a department's productivity must minimally achieve a balanced budget. Although dollars are not budgeted for the incentive or year-end departmental incentive pools, the department chair must estimate revenue generation necessary for historical incentive and year-end departmental incentive payments. This amount must be recorded in the budget process and progress tracked throughout the academic year.

The COM Compensation Committee will continually review and recommend to the COM Executive Committee revisions to the COM Faculty Compensation Plan. Without revising the plan, incentive payments or other elements of this plan may be modified in specific cases where the College of Medicine fails to meet its budget targets, 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.

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, 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 20th percentile, and cannot exceed the AAMC 75th 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 75th percentile may be granted a payment in lieu of a base salary adjustment. Other external benchmarks in lieu of the AAMC 75th 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 20th 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.

Base salary may be adjusted annually in accordance with UF and COM guidelines and based on the faculty member’s performance. Base pay adjustments may be positive or negative and should be aligned with the overall performance of a faculty member. Positive base pay adjustments may include, but are not limited to, mandatory state raises¹, promotion-associated raises and merit-based raises supported by the annual evaluation. Negative base pay adjustments may occur when overall performance, as determined by compensation score (see below), does not achieve expectations or when minimally acceptable productivity measures are not achieved for clinical and/or research assignments. Therefore, negative base pay adjustments may occur through two mechanisms- the compensation score and/or failure to achieve productivity targets. Negative base pay adjustments related to clinical and/or research productivity which is not the result of a protected event or condition will occur mandatorily unless specifically exempted by the clinical or research sub-committees of the Compensation Committee following review of a faculty member’s appeal that includes a profit-loss statement and a letter of support by the department chair.

Faculty members will not be subject to negative base pay adjustments in the first 36 months of appointment unless COM and/or department financial circumstances warrant revised financial considerations. In addition, negative base pay adjustments related to performance will not occur when productivity was impacted by conditions protected by law (such as, by way of illustration, personal or family illness) or a change in assignment that results in unanticipated low productivity. Other sources of appropriate salary support, such as revenue derived from assignments fulfilling University contracts or foundation support determined by the chair to be appropriately applied to the faculty member’s efforts will be considered as part of clinical or research productivity by converting these dollars to wRVU or research salary support equivalents.

¹ For purposes of determining eligibility for across-the-board salary increases authorized by the state of Florida or UF, a faculty member’s total compensation score will be used to determine his/her overall level of performance. In addition, such raises will only be applied to the percent FTE/salary of the faculty member that was determined to be satisfactory.

Compensation Score

Pay, in each mission area, may be affected by the annual compensation score, either positively or negatively. 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 below.

| Mission | FTE Percent | Compensation Score | FTE Adjusted Compensation Score |
|--|-------------|--------------------|---------------------------------|
| Non-Clinical Teaching | | | |
| Research | | | |
| Service | | | |
| Patient Care With or Without Clinical Teaching | | | |
| Veterans Health Administration | | | |
| Total compensation score | 100 % | | |

Faculty are eligible for annual merit increases when authorized by UF, incentives, and year-end departmental incentives based upon the faculty member’s total compensation score according to the table below. Faculty who receive a compensation score below 3.0 in any assignment area will be subject to up to a 10% reduction in base salary for those assignment areas where their score is below 3.0 as outlined in the table below. The Dean will decide the effective date of a salary reduction.

| Compensation Score | Outcome |
|--------------------|---|
| 4.0 to 5.0 | Exceeds Performance Standard. Eligible for merit increase, incentives, and year-end departmental incentive.* |
| 3.0 to 3.9 | Achieves Performance Standard. Eligible for merit increase and incentives.* |
| 2.0 to 2.9 | Below Performance Standard. Base salary will be reduced 5 percent in the applicable assignment area. Not eligible for incentives or year-end departmental incentive. |
| 0.0 to 1.9 | Unsatisfactory Performance. Base salary will be reduced 10 percent in the applicable assignment area. Not eligible for incentive or year-end departmental incentive. |

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

Reductions in salary as a result of compensation scores below 3 are independent and additive to salary reductions which may result from the mechanisms described below under the headings: *Base Pay*

Adjustments for Clinical Assignments and Base Pay Adjustments for Research Assignments. The total salary adjustment from all mechanisms cannot exceed 10% of total salary in any one year.

The processes for appeals, resolution of conflict or grievances may be found on page 14.

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 determines its quality metrics. These metrics are reviewed by the Patient Quality and Safety Executive Committee (comprised 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.

Base Pay Adjustments for Clinical Assignments

Clinical productivity, measured by wRVU generation, should minimally exceed the 25th percentile of the UHC specialty benchmark adjusted for clinical effort for each faculty member with a clinical assignment. In circumstances where the 25th percentile of wRVU production is not surpassed (and the lack of productivity is not the result of a protected event or condition), mandatory review of the presumptive salary decrease by the clinical sub-committee of the Compensation Committee will occur and the faculty member will be notified of the presumptive decrease and review in writing by the College of Medicine's Financial Services Division. Within 10 days of receipt of the notice, the faculty member may appeal to the chair for support for relief from the salary decrease. If the chair declines the appeal, the decision is final. If the chair accepts the appeal, the faculty member may appeal the base pay adjustment to the Dean by providing the clinical sub-committee written documentation of an assignment change, alternative salary support or other extenuating circumstances. A chair's letter of support must accompany the faculty member's appeal as well as a profit-loss statement for the faculty member for informational purposes. The sub-committee will advise the Dean on its recommendation and the Dean will decide the appeal. If the appeal is denied, the faculty member's base pay will be reduced by 10%. Negative base pay adjustments will not occur if the faculty member's base pay is at or below the 20th percentile of the AAMC salary benchmark. Base pay may be restored, at the chair's discretion, with annual clinical activity that exceeds the 25th percentile of the UHC specialty benchmark adjusted for clinical activity.

In years that raises are available, individuals receiving negative salary adjustments will not be eligible for raises based on that area of their assignment triggering the salary reduction but will be eligible for raises based on other areas of their assignment. Any raise amounts will be calculated after applying the negative salary adjustment.

Base Pay Adjustments for Research Assignments

Research Assignments

For compensation plan purposes research shall be classified into one of two categories: **Category 1 or Research 1** assignments are for research assignments where there is the expectation that the research activities performed are competitive for extramural funding and that there is an expectation that extramural funds will be applied for and that ultimately extramural funds will be secured to support, wholly or in part, the research assignment. **Category 2 or Research 2** assignments are for research assignments where there is no expectation that the activities performed under the assignment will be competitive for extramural funding and there is no expectation that applications for extramural funding will result from a Research 2 assignment. Individuals with **Research 2** assignments will not participate in the research incentive program under the compensation plan nor will they be subject to automatic salary reductions due to lack of extramural research funding. They may however still be subject to reductions in salary resulting from lack of performance in the assignments area based on other criteria such as lack of engagement in structured research activities.

For promotion and tenure purposes, Research 1 and Research 2 assignments are recognized equivalently as one's Research Assignment and will not be distinguished on one's promotion and tenure dossier. For promotion and tenure purposes research expectations are equivalent regardless of compensation plan designations or expectations.

Individual Research Assignments

Individual faculty members with research assignments shall have either a Research 1 or Research 2 assignment. The research assignment cannot be split between Research 1 and Research 2 in any given fiscal year.

Research Productivity Related Base Pay Adjustments

For faculty members with Research 1 assignments, if the research salary coverage by extramural grants and other restricted funding sources is less than 25% of the NIH cap-adjusted research salary for the just completed fiscal year, **and** the 3 (three) year rolling average research salary coverage by extramural grants and other restricted funding sources is also less than 25% of the NIH cap-adjusted research salary, then the total research salary will be reduced by 10%. Once a faculty member's salary reaches the 20th percentile of AAMC salary benchmark, no further reductions will occur.

In years that raises are available, individuals receiving negative salary adjustments will not be eligible for raises based on that area of their assignment triggering the salary reduction but will be eligible for raises

based on other areas of their assignment. Any raise amounts will be calculated after applying the negative salary adjustment.

Restoration of salary will result as soon as extramural or restricted salary recovery is restored to a level that equals at least 60% of the NIH cap-adjusted research effort assignment that originally triggered the salary adjustment mechanism.

Request for exemption due to mitigating circumstances from negative salary adjustments must be presented in writing from the department chair to the Compensation Committee, which will review the specific circumstances and will make a recommendation to the Dean. The Dean will have ultimate authority in granting or denying the request for exemption.

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.

INDIVIDUAL INCENTIVES

In order to receive an incentive payment, a faculty member must be employed with the College of Medicine in a faculty position through June 30th of the current year.

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 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 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 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 time assigned to Research 1. Individuals with Research 2 assignments will not be eligible for research incentive payments.

In addition, to be eligible for an individual research incentive, a faculty member must have a faculty appointment of greater than 36 months in duration and ≥ 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 ≥ 0.30 FTE assigned to research. However, department chairs can request approval of the Compensation Committee for participation in the individual research incentive by faculty with an appointment less than 36 months in duration and $FTE < 0.20$ 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 and have a profit-loss statement that demonstrates research salary coverage.

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 excluding non-research related administrative supplements allocated to the research FTE, not the actual salary covered because of the granting agency’s cap.

In the event that the sum of all calculated faculty incentives exceed the designated faculty incentive pool, faculty incentives will be prorated proportionally.

| Base Salary Covered by Grants Adjusted for Research FTE | Incentive as a Percent of Base Salary Allocated to Research |
|--|--|
| 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 Compensation Committee 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 or lead investigator (PI) and pay indirect costs, in accordance with the table below:

| Research Activity | Incentive as Percent of Salary Charged to Research Grant |
|--|---|
| 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. (This incentive is calculated as 3% of the PI's assigned research salary.) | 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: | |
| > \$100,000 per year | 4 |
| > \$500,000 per year | 5 |
| > \$1,000,000 per year | 6 |
| > \$2,000,000 per year | 7 |
| PI on VA Merit Review Award with direct expenditures of \$ 150,000 and at least a 5/8 appointment to the VHA. | \$1,500 |
| Incentive payments will be pro-rated for grants less than \$ 150,000. | |

The incentive that accrues to the investigator will be calculated and paid based on the amount of base salary excluding non-research related administrative supplements 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 compensation score of 3.0 or better in all assigned mission categories.

Individual Clinical Incentive

The chair will define, with input from the faculty member, annual wRVU targets. If wRVUs 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 targets are generally expected to be between the 50th and 90th percentile (adjusted for clinical FTE) for the individual's specialty. UHC RVU benchmark standards are preferred references for setting wRVU targets, but additional variables such as the overall working environment and wRVU opportunity, which may include working with residents and other healthcare providers also need to be considered when setting wRVU targets and may result in targets higher or lower than industry survey limits. UHC benchmarks will be used by the COM's Financial Services Division to determine minimum wRVU target requirements to participate in and qualify for clinical incentives, unless a department provides advance notice to Financial Services, along with supporting documentation requesting to use an alternative benchmark such as MGMA. Any benchmarks other than UHC will require prior approval of Financial Services and the COM Compensation Committee. Unless approved in advance by Financial Services, a department must use the selected organization's benchmark data for all faculty members within the department.

Work RVUs (wRVUs) standardize physician services across all types of activities. Work RVUs (wRVUs) are converted to 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 collections is calculated using values appropriate for the type of work performed. Payer mix will influence this conversion factor. Net collections for this purpose are defined as equal to gross collections less payment of refunds.

To participate in the clinical incentive plan, a faculty member must have at least 20% FTE 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 have been appointments greater than 36 months in duration and exceed their assigned wRVU targets are eligible to receive an incentive payment. Faculty with an appointment less than 36 months may be eligible for an incentive by providing the Compensation Committee with a chair's letter of support and a profit-loss statement that demonstrates revenue earned by the faculty member exceeding expenses.

The incentive payment is 20% of the product of the number of the wRVUs above target multiplied by the departmental/division/specialty average net collections per wRVU. The 20% may be increased by the Dean contingent upon sufficient COM financial resources. The department is allocated 70% (less if the

individual incentive increases) and the COM 10%. Fringe benefits are not paid on clinical incentive awards. In the event that the sum of all calculated faculty incentives exceed the designated faculty incentive pool, faculty incentives will be prorated proportionally.

To ensure that balance between assigned departmental missions is maintained, eligibility for clinical incentives requires a compensation score 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 department funds are available after paying all other calculated incentives and 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 after paying all other calculated incentives, and dependent upon the overall excess of revenues over expenses of the College, 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 score 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 scores 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.

APPEALS, RESOLUTION OF CONFLICT AND GRIEVANCES

Faculty compensation may require 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.

In the case of a negative base pay adjustment, a faculty member may appeal the adjustment in writing including a profit-loss statement to the Compensation Committee. A subcommittee of the Compensation Committee will review the appeal and advise the Dean. The Dean will decide the appeal, and the effective date of a base salary reduction.

The clinical and research sub-committees of the Compensation Committee will be chaired by the Compensation Committee's clinical co-chair and research co-chair, respectively. The clinical sub-committee will be composed of non-chair Compensation Committee members from the clinical departments whereas the research sub-committee will be composed of non-chair Compensation Committee members from basic science departments. At least one faculty council representative shall sit on each of the sub-committees. A quorum for a sub-committee meeting is defined as the presence of a majority of the members of the sub-committee.

TIMELINE

The annual evaluation period for faculty members coincides with the fiscal year beginning July 1st and ending June 30th. 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 compensation scores 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 College of Medicine's Administrative Affairs Division (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 | \$230,000 | \$250,000 | \$259,000 |
| | 75th | \$329,000 | \$350,000 | \$380,000 |
| Anesthesiology: Pain Management | 20th | \$234,000 | \$244,000 | \$272,000 |
| | 75th | \$325,000 | \$334,000 | \$371,000 |
| Anesthesiology: Pediatric | 20th | \$235,000 | \$266,000 | \$264,000 |
| | 75th | \$351,000 | \$415,000 | \$395,000 |
| Total Dermatology | 20th | \$178,000 | \$194,000 | \$231,000 |
| | 75th | \$325,000 | \$357,000 | \$418,000 |
| Dermatology (excluding Mohs Surgery) | 20th | \$171,000 | \$191,000 | \$227,000 |
| | 75th | \$289,000 | \$329,000 | \$398,000 |
| Dermatology: Mohs Surgery | 20th | \$250,000 | \$252,000 | \$291,000 |
| | 75th | \$519,000 | \$600,000 | \$694,000 |
| Total Medicine | 20th | \$145,000 | \$166,000 | \$200,000 |
| | 75th | \$238,000 | \$269,000 | \$325,000 |
| Allergy/Immunology-Med. | 20th | \$128,000 | \$129,000 | \$171,000 |
| | 75th | \$196,000 | \$220,000 | \$261,000 |
| Cardiology: Total | 20th | \$197,000 | \$210,000 | \$234,000 |
| | 75th | \$352,000 | \$371,000 | \$412,000 |
| Cardiology: Invasive Interventional-Med. | 20th | \$237,000 | \$250,000 | \$288,000 |
| | 75th | \$400,000 | \$428,000 | \$461,000 |
| Cardiology: Invasive Non-interventional-Med. | 20th | \$192,000 | \$204,000 | \$226,000 |
| | 75th | \$327,000 | \$329,000 | \$379,000 |
| Cardiology: Non-invasive-Med. | 20th | \$185,000 | \$199,000 | \$225,000 |
| | 75th | \$307,000 | \$329,000 | \$369,000 |
| Critical/Intensive Care-Med. | 20th | \$178,000 | \$203,000 | \$209,000 |
| | 75th | \$262,000 | \$272,000 | \$300,000 |
| Endocrinology-Med. | 20th | \$129,000 | \$147,000 | \$182,000 |
| | 75th | \$176,000 | \$198,000 | \$260,000 |
| Gastroenterology-Med. | 20th | \$191,000 | \$219,000 | \$236,000 |
| | 75th | \$308,000 | \$356,000 | \$390,000 |
| General Internal Medicine | 20th | \$141,000 | \$160,000 | \$182,000 |
| | 75th | \$202,000 | \$227,000 | \$281,000 |

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

| Department/Specialty | Percentile | Rank | | |
|------------------------------------|------------|-----------|-----------|-----------|
| | | Assistant | Associate | Professor |
| Geriatrics-Med. | 20th | \$132,000 | \$160,000 | \$177,000 |
| | 75th | \$170,000 | \$203,000 | \$244,000 |
| Hematology/Oncology-Med. | 20th | \$161,000 | \$190,000 | \$232,000 |
| | 75th | \$241,000 | \$280,000 | \$357,000 |
| Hospital Medicine | 20th | \$160,000 | \$155,000 | \$190,000 |
| | 75th | \$199,000 | \$213,000 | \$239,000 |
| Infectious Disease-Med. | 20th | \$124,000 | \$152,000 | \$182,000 |
| | 75th | \$162,000 | \$194,000 | \$250,000 |
| Nephrology-Med. | 20th | \$140,000 | \$170,000 | \$205,000 |
| | 75th | \$196,000 | \$243,000 | \$288,000 |
| Pulmonary-Med. | 20th | \$154,000 | \$183,000 | \$203,000 |
| | 75th | \$235,000 | \$251,000 | \$289,000 |
| Rheumatology-Med. | 20th | \$124,000 | \$145,000 | \$172,000 |
| | 75th | \$174,000 | \$204,000 | \$243,000 |
| Other Medicine | 20th | \$130,000 | \$146,000 | \$194,000 |
| | 75th | \$245,000 | \$273,000 | \$333,000 |
| Total OB/GYN | 20th | \$180,000 | \$209,000 | \$228,000 |
| | 75th | \$278,000 | \$329,000 | \$382,000 |
| OB/GYN: General | 20th | \$179,000 | \$205,000 | \$202,000 |
| | 75th | \$263,000 | \$300,000 | \$375,000 |
| OB/GYN: Gynecologic Oncology | 20th | \$222,000 | \$244,000 | \$243,000 |
| | 75th | \$317,000 | \$400,000 | \$427,000 |
| OB/GYN: Maternal & Fetal | 20th | \$215,000 | \$238,000 | \$273,000 |
| | 75th | \$325,000 | \$369,000 | \$402,000 |
| OB/GYN: Reproductive Endocrinology | 20th | \$180,000 | \$214,000 | \$219,000 |
| | 75th | \$270,000 | \$324,000 | \$384,000 |
| OB/GYN: Other OB/GYN | 20th | \$165,000 | \$193,000 | \$204,000 |
| | 75th | \$244,000 | \$285,000 | \$323,000 |
| Total Pathology | 20th | \$160,000 | \$181,000 | \$210,000 |
| | 75th | \$204,000 | \$251,000 | \$299,000 |

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

| Department/Specialty | Percentile | Rank | | |
|-------------------------------|------------|-----------|-----------|-----------|
| | | Assistant | Associate | Professor |
| Pathology: Anatomic | 20th | \$167,000 | \$195,000 | \$231,000 |
| | 75th | \$211,000 | \$260,000 | \$301,000 |
| Pathology: Clinical | 20th | \$159,000 | \$178,000 | \$210,000 |
| | 75th | \$200,000 | \$245,000 | \$307,000 |
| Pathology: Other Pathology | 20th | \$98,000 | \$120,000 | \$184,000 |
| | 75th | \$193,000 | \$234,000 | \$270,000 |
| Total Pediatrics | 20th | \$132,000 | \$153,000 | \$182,000 |
| | 75th | \$189,000 | \$229,000 | \$272,000 |
| Adolescent Medicine | 20th | \$123,000 | \$146,000 | \$167,000 |
| | 75th | \$145,000 | \$174,000 | \$218,000 |
| Allergy/Immunology-Peds. | 20th | \$130,000 | \$152,000 | \$165,000 |
| | 75th | \$150,000 | \$179,000 | \$251,000 |
| Critical/Intensive Care-Peds. | 20th | \$170,000 | \$205,000 | \$234,000 |
| | 75th | \$220,000 | \$262,000 | \$306,000 |
| Emergency Medicine-Peds. | 20th | \$154,000 | \$198,000 | \$230,000 |
| | 75th | \$206,000 | \$240,000 | \$280,000 |
| Endocrinology-Peds. | 20th | \$122,000 | \$146,000 | \$180,000 |
| | 75th | \$145,000 | \$176,000 | \$239,000 |
| Gastroenterology-Peds. | 20th | \$146,000 | \$170,000 | \$210,000 |
| | 75th | \$186,000 | \$220,000 | \$277,000 |
| General Pediatrics | 20th | \$125,000 | \$142,000 | \$164,000 |
| | 75th | \$169,000 | \$191,000 | \$250,000 |
| Genetics-Peds. | 20th | \$120,000 | \$143,000 | \$161,000 |
| | 75th | \$157,000 | \$164,000 | \$226,000 |
| Hematology/Oncology-Peds. | 20th | \$131,000 | \$160,000 | \$191,000 |
| | 75th | \$156,000 | \$199,000 | \$253,000 |
| Hospital Medicine-Peds. | 20th | \$133,000 | \$151,000 | \$182,000 |
| | 75th | \$163,000 | \$194,000 | \$223,000 |
| Infectious Disease-Peds. | 20th | \$113,000 | \$138,000 | \$165,000 |
| | 75th | \$139,000 | \$165,000 | \$236,000 |
| Neonatology | 20th | \$157,000 | \$190,000 | \$224,000 |
| | 75th | \$216,000 | \$258,000 | \$306,000 |

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

| Department/Specialty | Percentile | Rank | | |
|--|------------|-----------|-----------|-----------|
| | | Assistant | Associate | Professor |
| Nephrology-Peds. | 20th | \$129,000 | \$150,000 | \$180,000 |
| | 75th | \$150,000 | \$190,000 | \$250,000 |
| Neurology-Peds. | 20th | \$146,000 | \$162,000 | \$182,000 |
| | 75th | \$180,000 | \$208,000 | \$239,000 |
| Pediatric Cardiology | 20th | \$170,000 | \$200,000 | \$240,000 |
| | 75th | \$219,000 | \$290,000 | \$335,000 |
| Pulmonary-Peds. | 20th | \$135,000 | \$159,000 | \$189,000 |
| | 75th | \$174,000 | \$206,000 | \$252,000 |
| Rheumatology-Peds. | 20th | \$135,000 | \$158,000 | \$206,000 |
| | 75th | \$149,000 | \$211,000 | \$297,000 |
| Other Pediatrics | 20th | \$124,000 | \$144,000 | \$176,000 |
| | 75th | \$188,000 | \$212,000 | \$285,000 |
| Total Psychiatry | 20th | \$145,000 | \$161,000 | \$185,000 |
| | 75th | \$191,000 | \$210,000 | \$273,000 |
| Psychiatry: Child & Adolescent | 20th | \$154,000 | \$165,000 | \$197,000 |
| | 75th | \$191,000 | \$219,000 | \$259,000 |
| Psychiatry: General | 20th | \$145,000 | \$160,000 | \$185,000 |
| | 75th | \$194,000 | \$208,000 | \$274,000 |
| Psychiatry: Other | 20th | \$142,000 | \$173,000 | \$182,000 |
| | 75th | \$177,000 | \$216,000 | \$275,000 |
| Total Radiology | 20th | \$252,000 | \$266,000 | \$291,000 |
| | 75th | \$370,000 | \$388,000 | \$419,000 |
| Diagnostic Radiology: Total | 20th | \$255,000 | \$265,000 | \$290,000 |
| | 75th | \$369,000 | \$374,000 | \$402,000 |
| Diagnostic Radiology: Interventional | 20th | \$280,000 | \$300,000 | \$300,000 |
| | 75th | \$408,000 | \$427,000 | \$461,000 |
| Diagnostic Radiology: Non-interventional | 20th | \$250,000 | \$256,000 | \$286,000 |
| | 75th | \$354,000 | \$361,000 | \$395,000 |
| Nuclear Medicine | 20th | \$216,000 | \$223,000 | \$258,000 |
| | 75th | \$356,000 | \$334,000 | \$343,000 |
| Radiation Oncology | 20th | \$240,000 | \$290,000 | \$325,000 |
| | 75th | \$352,000 | \$405,000 | \$490,000 |

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

| Department/Specialty | Percentile | Rank | | |
|-----------------------------------|------------|-----------|-----------|-----------|
| | | Assistant | Associate | Professor |
| Other Radiology | 20th | \$275,000 | \$304,000 | \$305,000 |
| | 75th | \$390,000 | \$459,000 | \$448,000 |
| Total Surgery | 20th | \$225,000 | \$264,000 | \$275,000 |
| | 75th | \$397,000 | \$486,000 | \$540,000 |
| General Surgery | 20th | \$217,000 | \$250,000 | \$229,000 |
| | 75th | \$326,000 | \$402,000 | \$445,000 |
| Neurosurgery | 20th | \$304,000 | \$354,000 | \$287,000 |
| | 75th | \$553,000 | \$651,000 | \$700,000 |
| Orthopaedic Surgery | 20th | \$241,000 | \$276,000 | \$292,000 |
| | 75th | \$461,000 | \$554,000 | \$577,000 |
| Pediatric Surgery | 20th | \$275,000 | \$341,000 | \$337,000 |
| | 75th | \$391,000 | \$503,000 | \$603,000 |
| Plastic Surgery | 20th | \$225,000 | \$262,000 | \$290,000 |
| | 75th | \$356,000 | \$444,000 | \$521,000 |
| Surgical Oncology | 20th | \$210,000 | \$229,000 | \$254,000 |
| | 75th | \$260,000 | \$365,000 | \$400,000 |
| Thoracic & Cardiovascular Surgery | 20th | \$250,000 | \$311,000 | \$324,000 |
| | 75th | \$460,000 | \$611,000 | \$700,000 |
| Transplant Surgery | 20th | \$225,000 | \$257,000 | \$291,000 |
| | 75th | \$325,000 | \$468,000 | \$513,000 |
| Trauma/Critical Care Surgery | 20th | \$233,000 | \$274,000 | \$274,000 |
| | 75th | \$325,000 | \$368,000 | \$428,000 |
| Urology | 20th | \$223,000 | \$255,000 | \$270,000 |
| | 75th | \$323,000 | \$405,000 | \$474,000 |
| Vascular Surgery | 20th | \$247,000 | \$285,000 | \$303,000 |
| | 75th | \$320,000 | \$440,000 | \$486,000 |
| Other Surgery | 20th | \$195,000 | \$224,000 | \$276,000 |
| | 75th | \$311,000 | \$384,000 | \$457,000 |
| Community Health | 20th | \$133,000 | \$117,000 | \$169,000 |
| | 75th | \$236,000 | \$231,000 | \$241,000 |
| Emergency Medicine | 20th | \$200,000 | \$209,000 | \$213,000 |
| | 75th | \$259,000 | \$289,000 | \$295,000 |

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

| Department/Specialty | Percentile | Rank | | |
|------------------------------------|-------------------|------------------|------------------|------------------|
| | | Assistant | Associate | Professor |
| Family Medicine | 20th | \$144,000 | \$155,000 | \$169,000 |
| | 75th | \$188,000 | \$200,000 | \$217,000 |
| Neurology | 20th | \$139,000 | \$164,000 | \$191,000 |
| | 75th | \$200,000 | \$226,000 | \$274,000 |
| Ophthalmology | 20th | \$140,000 | \$180,000 | \$204,000 |
| | 75th | \$249,000 | \$338,000 | \$375,000 |
| Otolaryngology | 20th | \$200,000 | \$221,000 | \$249,000 |
| | 75th | \$297,000 | \$361,000 | \$424,000 |
| Physical Medicine & Rehabilitation | 20th | \$155,000 | \$169,000 | \$194,000 |
| | 75th | \$225,000 | \$246,000 | \$289,000 |
| Preventive Medicine | 20th | \$110,000 | \$134,000 | \$195,000 |
| | 75th | \$189,000 | \$238,000 | \$271,000 |

Source: AAMC Report on Medical Faculty Salaries 2012-2013/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 with PhD or Other Doctoral Degree**

| Department/Specialty | Percentile | Rank | | | |
|---|------------|------------|-----------|-----------|-----------|
| | | Instructor | Assistant | Associate | Professor |
| Ph.D. or other doctoral degree in a Basic Science Department | 20th | \$50,000 | \$70,000 | \$95,000 | \$128,000 |
| | 75th | \$68,000 | \$102,000 | \$131,000 | \$197,000 |
| Ph.D. or other doctoral degree in a Clinical Department | 20th | \$55,000 | \$73,000 | \$95,000 | \$134,000 |
| | 75th | \$83,000 | \$105,000 | \$140,000 | \$207,000 |

Source: AAMC Report on Medical Faculty Salaries 2012-2013/University of Florida College of Medicine Special Report.
Fixed/Contractual Salary plus Medical Practice Supplement, Ph.D. or Other Doctoral faculty , All Medical Schools.