CHFM Faculty Compensation Plan Addendum to the

University of Florida College of Medicine Faculty Compensation Plan

Part A: Faculty Expectations

Using a 1.00 full time equivalent (FTE) faculty member as a baseline, clinical faculty in the Department of Community Health and Family Medicine have responsibilities for direct outpatient care and indirect care through call pool participation participating.

- 1. Direct outpatient care: A 1.00 FTE is expected to work 10 half day sessions per week. Of these 10 sessions, 9 are expected to be direct patient facing (primarily outpatient clinic) and 1 may be used for administrative or academic time. The final number of sessions will be prorated based on a faculty member's clinical FTE (cFTE).
- 2. Indirect care: Clinical faculty are assigned responsibility for indirect patient care (call) on a rotating basis.

By accounting for these commitments, The Department of Community Health and Family Medicine can ensure appropriate revenue generation. scheduling and workload distribution among clinical faculty.

Part B: Faculty Roles

In addition to clinical responsibilities, CHFM faculty members take on additional administrative, academic, and research roles that are supported with external and internal resources.

Externally supported roles include (but are not limited to) the following:

- 1. Residency Director: 0.50 FTE support from the Office of Graduate Medical Education (GME)
- 2. Associate Residency Director: 0.30 FTE support from GME
- 3. Fellowship Director: 0.20 FTE support from GME
- 4. Clerkship Director: 0.30 FTE support from the Office of Medical Education
- 5. EPIC: 0.30 FTE support from UF Health Physicians
- 6. Physician Directors of Quality (inpatient and outpatient): 0.05 FTE support from UF Health (each)
- 7. AHEC Director: 0.30 FTE support from an AHEC grant

Internally funded roles include (but are not limited to) the following:

- 1. Vice Chair, Clinical Operations: 0.30 FTE support
- 2. Ethics Program Director: 0.10 FTE support

Roles receiving internal and external support include (but are not limited to) the following:

1. Medical Director: 0.10 - 0.20 FTE support from UF Health Physicians and CHFM (each)

In accordance with College of Medicine policy faculty members do not receive both FTE support and stipends.

Part C: Academic Expectations

Faculty pay will be equitable and balance clinical work with education, research, and service priorities. All contributions of part- and full-time faculty appointed at the assistant professor level and above will be assessed using a point system. The Department Chair, Vice Chair-Clinical Operations, Vice-Chair-Administration, Vice Chair-Research, and Vice-Chair Education will review each faculty member. Clinical faculty will also be assessed by the medical director at the clinic to which they are signed. Faculty involved in postgraduate teaching will also be assessed by the residency program director.

Points may be earned in the following categories:

- a. Clinical (0-10 points)
- b. Teaching (0-10 points)
- c. Citizenship (0-10 points)
- d. Scholarship (0-10 points)
- e. Quality (0-10 points)

A maximum of 10 points may be earned in any given category.

Multiple opportunities, encompassing a range of clinical/research/academic experiences, positions, and initiatives under the above-mentioned categories will be available to faculty within CHFM. Achieving 20 or more points is required to be eligible for earned variable compensation. Additionally, points must be earned in at least three categories listed above and participation in a strategic initiative is required.

Earning these points by the end of the fiscal year unlocks the earned variable compensation for the following year.

Clinical Opportunities (0-10 points):

- 1. Clinic medical director: 5 points
- 2. Clinic assistant medical director: 3 points
- 3. Contributing to Clinic/EPIC optimization: 2 points
- 4. Leader of Clinic/EPIC optimization project: 5 points (can be split among more than one leader)
- 5. Volunteering in Equal Access Clinic or Mobile Outreach Clinic: 1 point for each session (Assigned shifts completed as part of normal duties do not count as volunteering): maximum 5 points
- 6. Volunteering for additional call weeks beyond 3: 3 points each week (Assigned shifts completed as part of normal duties do not count as volunteering)

- 7. \geq 90% of notes completed in 14 business days (excluding resident precepting notes): 2 points
- 8. Expected Visits per session, averaged over time $\geq 110\%$ target (8.8): 5 points
- 9. Expected Visits per session, averaged over time ≥ 105% target (8.4): 4 points
- 10. Expected Visits per session, averaged over time \geq 100% target (8.0): 3 points

Teaching Opportunities (0-10 points):

- 1. Program director: 5 points
- 2. Clerkship director: 5 points
- 3. Associate or assistant program director: 3 points
- 4. Associate or assistant clerkship director: 3 points
- 5. Hosting longitudinal (12 weeks) students: 2 points for each student
- 6. Attending for rotating students: 1 point for each student
- 7. Clerkship lectures: 1 point each
- 8. Teaching award: 5 points
- 9. Course director: 5 points
- 10. Mentoring junior faculty: 2 points for each faculty
- 11. Medical student career coaches: 3 points
- 12. ERAS letter of recommendation: 1 point each
- 13. Lecture to clerkship students/residents: 2 points for each topic
- 14. CLG leader: 3 points
- 15. Regional, national, or international presentation: 3 points each
- 16. Visiting professor (external institution): 2 points each
- 17. Lectures outside CHFM to other COM/HSC departments: 2 points each
- 18. Community lectures: 2 points each

Citizenship Opportunities (0-10 points):

- 1. Contribution to diversity efforts: 2 points
- 2. Leadership of diversity efforts: 5 points (can be split among more than one leader)
- 3. Contribution to strategic plan: 2 points
- 4. Leadership of strategic plan efforts: 5 points (can be split among more than one leader) up to 2 people 3
- 5. Contribution to philanthropy efforts: 2 points
- 6. Contribution to the FMIG: 2 points, each instance
- 7. Leadership of FMIG: 5 points
- 8. Community service: 1 point for each discrete event
- 9. Membership in CHFM (2), COM, (3) UF Health (4), UF committee (5 points)
- 10. Membership in state (2), regional (3), national (4), international committee (5 points)
- 11. CHFM, COM, UF Health, UF leadership role:3 points
- 12. State, regional, national, international leadership role: 3 points

All faculty are expected to contribution to the strategic plan by being involved in one of the strategic initiatives. This contribution must be approved by the chair.

Scholarship Opportunities (0-10 points):

- 1. Grant PI (+ UP)
 - \geq \$100,000: 5 points
 - < \$100,000: 2 points
- 2. Multiple principle investigator on a research project or clinical trial: 3 points each
- 3. Co-investigator on a research project or clinical trial: 3 points each
- 4. Submitting non-accepted grant as PI: 3 points each
- 5. First or last author paper published: 4 points each
- 6. Non-first or last author paper published: 2 points each
- 7. Paper submitted, not published: 1 point each (max 5)
- 8. Letter to the editor, medical journal, published: 1 point each (max 5)
- 9. Peer review completed: 1 point each (max 5)
- 10. Journal editor/editorial board: 5 points
- 11. Book editor or publishing a book: 5 points
- 12. Each book chapter: 1 point each (maximum 5)
- 13. Peer-reviewed poster presentation at national/international meeting: 1 point each
- 14. Peer-reviewed oral presentation at national/international meeting: 2 points each

Quality (0-10 points) Opportunities:

- 1. Department selected quality measures \geq 7th decile: 1 point each (maximum 5)
- 2. Contribution to CHFM or clinic quality improvement project: 2 points
- 3. Leadership of CHFM or clinic quality improvement project: 5 points (can be split among more than one leader) up to 2 or 3 people
- 4. Contributing to UF Health quality improvement projects outside CHFM: 3 points
- 5. Leadership of UF Health quality improvement projects outside CHFM: 5 points (can be split among more than one leader)
- 6. Patient satisfaction scores
 - \geq 90th percentile: 5 points
 - \geq 80th percentile: 4 points
 - \geq 75th percentile: 3 points

All examples shown for clinical, teaching, citizenship, and scholarship point opportunities are not all inclusive.

Part D: Logistics

The effort of faculty within the CHFM will be assessed by the Department Chair, Vice Chair-Clinical Operations, Vice Chair-Administration, Vice Chair-Research, and Vice Chair-Education. In addition, medical directors and program directors will be involved, when applicable. These individuals will evaluate the contributions and performance of the faculty, considering factors such as clinical productivity, teaching, research, and administrative responsibilities.

FTE earned while working at Student Health is excluded from the compensation plan for faculty in the Department of Community Health and Family Medicine. This exclusion is due to distinct compensation arrangements specific to Student Health providers that are separate from the College of Medicine faculty compensation plan.

In line with the department's commitment to diversity, equity, inclusion, and access, measures related to these areas will be included in the assessment process. This ensures that efforts and contributions towards promoting a diverse and inclusive environment, addressing health disparities, and improving access to care are recognized and valued. Quality of care provided by clinical faculty will be evaluated using the Merit-based Incentive Payment System (MIPS) measures

Exceptional academic achievements, such as exemplary teaching, will be adjudicated by relevant entities, including the University of Florida (UF), the College of Medicine (COM), and the Department of Community Health and Family Medicine (CHFM). Awards such as the UF, COM, and CHFM exemplary teacher awards will serve as recognition for outstanding teaching accomplishments and contributions to medical education.

Table Use for Compensation: AAMC

Table Used for Productivity: CPSC

Equity:

To ensure compensation equity within the Department of Community Health and Family Medicine, we will implement a monitoring system that assesses compensation among different groups. This monitoring will specifically focus on the following groups:

- 1. Those at the same academic rank: CHFM will compare the compensation of faculty who hold the same academic rank within the department. This evaluation ensures that individuals with similar qualifications, responsibilities and performance receive equitable compensation.
- 2. Those of different gender: CHFM will compare the compensation of faculty of different genders within the department. This assessment is vital to identify and address any potential gender-based disparities in compensation and promote gender equity.
- 3. Those who work full and part-time by using a consistent methodology to assess calculated FTE.

By monitoring compensation among these groups, the CHFM seeks to promote fairness, transparency, and equity in compensation practices within the department. This approach allows for the identification and rectification of any potential disparities based on academic rank, gender, and work status, ensuring that all faculty are compensated fairly and equitably for their contributions.

Salary Deductions:

Salary reductions may happen when compensation significantly exceeds productivity over an extended period of time. If necessary, decreases would only happen in the second year of this

new plan. A safety corridor of 5% will be established to allow for those who miss productivity thresholds by small amounts, and a three-year average of productivity will be used for calculating productivity to avoid more significant year-over-year swings. In the second year of the plan and after that, salary reductions would occur if missing the productivity threshold by greater than 5% for the three previous years.

Transparency:

Who developed the plan?

The department's compensation committee developed the plan with guidance and support from the Chair and Vice Chair of Administration.

When and how was the plan presented to the faculty?

Portions of the plan were reviewed with the faculty. Once accepted by the compensation committee, it will be presented for faculty comment in the winter.

How was feedback from faculty incorporated into the plan?

Faculty were made aware of who was on the compensation committee and asked to provide input through the committee.

How will feedback from faculty be incorporated into the plan moving forward?

The faculty will be provided updates on the compensation plan. They will be asked to contact a compensation committee member or the Chair to provide feedback.

How will faculty be made aware of their "new" incentive calculation during the shadow year, and how will faculty concerns and unintended consequences be evaluated and addressed?

The department will, at a minimum, provide quarterly reporting. The goal is to offer it monthly. Since the plan is not finalized, we are unsure if this is reasonable. Faculty should contact members of the compensation committee or the Chair with concerns.