

AIMS SALARY PLAN - DEPARTMENT OF FAMILY MEDICINE BASE REQUIREMENTS

Draft-2-15-2006

WORK CATEGORY (refer to definitions page)	COLLEGE-WIDE STANDARD REQUIREMENTS (15% of total 100% assignment)*	Departmental Base Requirements (85% of total 100% assignment)
Instruction	5% Minimum Effort	
10. Medical student instruction*	Must do at least 1 PACE lecture/clerkship, or participate in LCE or instructional activities to MS 1-2. others see assignment effort form #10.	If assigned to Clerkship: One Didactic session per rotation (every 4 months); Average of 3 (good) or above on student evaluations. PD: 8 hours of small group sessions per year OR teaching students at JC Clinic or Brandon Outreach
12. Housestaff/postdoctoral instruction*	Must participate in yearly RRC teaching series, or be a faculty advisor once every 3 years, or staff cases in clinic, or attending rounds	
13. Graduate/Other Instruction	Moderate journal club, or mentor an enrolled graduate student	
14. Thesis/Dissertation	None required	
15. Other instructional effort	At the discretion of the chair	
Research/Scholarly Activity	5% Minimum Effort	
20. Sponsored research	Participates in and documents progress of at least 1 scholarly project per year.	Documented progress on scholarly project - first year "working on project", second year produced, can be an author or co-author - see definitions
22. Departmental research	Refer to 20; not to exceed 5% without Dean and Chair approval.	
Service	3% Minimum Effort	
30. Public service	Serves the community, state or nation to advance the discipline	Membership in AAFP/FAFP One session per year (4 hours) providing voluntary coverage to underserved patients
31. University governance	Participates in at least 1 department, college or university committee	
Administration	0% Minimum Effort	
40. University/College/Department/Program Administration	as per assignment	
Clinical Care w/o students/housestaff	0% Minimum Effort	
50. Revenue-generating Clinical Care*	Must be assigned and documented at discretion of chair and division chief. Can only be assigned if participating in #10.	
51. Non-revenue Generating Clinical Services*	As per assignment by chair and division chief to community patient medical service activities.	
Other	2% Minimum Effort	
60. Leave of Absence with Pay	Refer to USF Health and COM Sabbatical policies.	
61. Professional Development	Spend at least one week per year devoted to professional participation at meetings, training programs, workshops or equivalent.	Licensure & board recertification requirements

* Patient care activities under categories 10,12, 50, and 51 must consist of two components. These activities must equal or exceed 80 % of the benchmark (Table 16, mean) MGMA work RVU annual productivity academic practice standard by specialty and subspecialty (as published in the most recent MGMA national edition) or other equivalent survey. In addition, the aggregated sum of (1) net collections recorded in IDX, (2) E & G state allocations both tenured and tenure accruing and other funds, (3) professional service contracts, (4) clinical trials and organized research grants, and (5) consultation, CPE, and other revenues, must exceed the sum of base salary, benefits and malpractice insurance, after adjustment, for group and departmental expense attributed to the support of the individual. Professional service and other contracts will be converted to work RVU substantial equivalence by use of the most recent Center for Medicare and Medicaid Services conversion value published in the Congressional Record.

* * Based on individual clinical productivity (RVUs/RVU expense), contract work, and clinical trials; Credit for on-call and holiday work; Billings and collections; Trade-offs among faculty in admin, education, clinical care to maximize productivity.

* * * For a clinician faculty member to receive a bonus fund availability will be determined by individual, department, and group productivity and net profit margin for the year. Bonuses will be distributed after the close of the fiscal year (as of August 1)

AIMS SALARY PLAN - DEPARTMENT OF FAMILY MEDICINE - REQUIRED FOR INCENTIVE

Draft-2-15-2006

WORK CATEGORY (refer to definitions page)	COLLEGE-WIDE STANDARD REQUIREMENTS Strong (Incentive Award Eligibility) * *	Departmental Incentive Requirements
Instruction		
10. Medical student instruction*		
12. Housestaff/postdoctoral instruction*	Clinical Education of Residents/Housestaff	
13. Graduate/Other Instruction		
14. Thesis/Dissertation		
15. Other instructional effort		
Research/Scholarly Activity		
20. Sponsored research		Incentive based on percentage of FTE charged to grant and overall value of award
22. Departmental research		
Service		
30. Public service	Participation in one or more major professional societies, Member of peer-review committee for a local granting agency or reviewer for a scientific journal.	
31. University governance	Participates in 2 University-wide or College-wide committees.	
Administration		
40. University/College/Department/Program Administration	as per assignment	Major Course Director; Non-major Course Director; Major Assistant Course Director; Member of major committee (see definitions)
Clinical Care w/o students/housestaff		
50. Revenue-generating Clinical Care*		Productivity will be rewarded monthly on patient care charges both with students and without students - individual RVU goals will be set depending on number of clinics scheduled. (Course directors, individuals on grants will be given time off from clinic)
51. Non-revenue Generating Clinical Services*	As per assignment to the community patient service activities.	
Other		
60. Leave of Absence with Pay	as per assignment	
61. Professional Development	Participation in meetings, training programs, workshops or equivalent for professional development.	
* Patient care activities under categories 10,12, 50, and 51 must consist of two components. These activities must equal or exceed 80 % of the benchmark (Table 16, mean) MGMA work RVU annual productivity academic practice standard by specialty and subspecialty (as published in the most recent MGMA national edition) or other equivalent survey. In addition, the aggregated sum of (1) net collections recorded in IDX, (2) E & G state allocations both tenured and tenure accruing and other funds, (3) professional service contracts, (4) clinical trials and organized research grants, and (5) consultation, CPE, and other revenues, must exceed the sum of base salary, benefits and malpractice insurance, after adjustment, for group and departmental expense attributed to the support of the individual. Professional service and other contracts will be converted to work RVU substantial equivalence by use of the most recent Center for Medicare and Medicaid Services conversion value published in the Congressional Record.		
* * Based on individual clinical productivity (RVUs/RVU expense), contract work, and clinical trials; Credit for on-call and holiday work; Billings and collections; Trade-offs among faculty in admin, education, clinical care to maximize productivity.		
* * * For a clinician faculty member to receive a bonus fund availability will be determined by individual, department, and group productivity and net profit margin for the year. Bonuses will be distributed after the close of the fiscal year (as of August)		

AIMS SALARY PLAN - DEPARTMENT OF FAMILY MEDICINE - REQUIRED FOR BONUS

Draft-2-15-2006

WORK CATEGORY (refer to definitions page)	COLLEGE-WIDE STANDARD REQUIREMENTS Outstanding (Bonus Award eligibility)* * *	Departmental Bonus Requirements
Instruction		
10. Medical student instruction*		Clerkship: More than three didactic sessions per rotation; average of 4.5 or higher on student evaluations. PD: 15 or more hours of small group sessions per year OR teaching students regularly at JC Clinic or Brandon Outreach Clinic Other: Teaching on a regular basis in another COM course (ie. LCE. Profession of Medicine, Evidence-Based Medicine) Teaching on a regular basis in a 4th year Family Medicine Elective Advising of 4th year students Advising student organization Development of elective (approved and attended)
15. Other instructional effort		Applicant interviews
Research/Scholarly Activity		
20. Sponsored research		
22. Departmental research		
Service		
30. Public service	Active participation in one or more major professional societies, Member of an NIH peer review group.	50 hours of service - see definitions
31. University governance	Chair or active role on one or more University-wide or College-wide committees.	Chair or recognized active role in one or more major college or University-wide committees (see definitions)
Administration		
40. University/College/Department/Program Administration	as per assignment	
Clinical Care w/o students/housestaff		
50. Revenue-generating Clinical Care*		
51. Non-revenue Generating Clinical Services*	As per assignment to the community patient service activities.	
Other		
60. Leave of Absence with Pay	as per assignment	
61. Professional Development	Participation in meetings, training programs, workshops or equivalent for professional development.	

* Patient care activities under categories 10,12, 50, and 51 must consist of two components. These activities must equal or exceed 80 % of the benchmark (Table 16, mean) MGMA work RVU annual productivity academic practice standard by specialty and subspecialty (as published in the most recent MGMA national edition) or other equivalent survey. In addition, the aggregated sum of (1) net collections recorded in IDX, (2) E & G state allocations both tenured and tenure accruing and other funds, (3) professional service contracts, (4) clinical trials and organized research grants, and (5) consultation, CPE, and other revenues, must exceed the sum of base salary, benefits and malpractice insurance, after adjustment, for group and departmental expense attributed to the support of the individual. Professional service and other contracts will be converted to work RVU substantial equivalence by use of the most recent Center for Medicare and Medicaid Services conversion value published in the Congressional Record.

* * Based on individual clinical productivity (RVUs/RVU expense), contract work, and clinical trials; Credit for on-call and holiday work; Billings and collections; Trade-offs among faculty in admin, education, clinical care to maximize productivity.

* * * For a clinician faculty member to receive a bonus fund availability will be determined by individual, department, and group productivity and net profit margin for the year. Bonuses will be distributed after the close of the fiscal year (as of August

AIMS SALARY PLAN - DEPARTMENT OF FAMILY MEDICINE - DEFINITIONS

DRAFT 2-15-2006

SCHOLARLY PROJECTS CAN INCLUDE:

Book Chapter
Monograph
Editorial/letter to the editor of referred journal
Case report
Clinical Review Article
Research Paper
Book
Published abstract
Poster presentation
Scholarly presentation
Publication of new innovative curriculum/teaching method
Grant submission
PI/Co-PI on grant
Other activities if the Department recognizes as scholarship

MAJOR COMMITTEES:

AP & T
USFPG
Admissions
Curriculum
IRB
LCME (when applicable)

SERVICE FOR BONUS CAN INCLUDE:

Active participation in one or more major professional societies -
 defined as participation in a committee or sub-committee, serving
 as an officer
Leadership role in hospital departmental activity - defined as chief of
 the department; participation in a committee or sub-committee
Provides voluntary coverage to underserved (above basic requirement) under USF auspices
Oversees a community health activity under the auspices or under the
 affiliation of USF once a year (free health screenings, sports physicals, etc)
Uncompensated peer review of grant, journal, medical legal once a year
Uncompensated community or colleague education
Serving as an active consultant to organizations concerned with health
 care issues (uncompensated)
Serving as an examiner for recognized specialty board
Other activities the Department recognizes as service relevant to the department