Effort Allocation for Clinical Faculty
Clinical Practices of the University of Pennsylvania

PURPOSE

To establish the guidelines for calculating faculty effort across their roles and responsibilities in a fair, standard and transparent manner.

SCOPE

These guidelines apply to CPUP physicians with clinical roles and responsibilities including faculty on the tenure, clinician educator and academic clinician track.

IMPLEMENTATION

The department Chairs and division Chiefs are responsible for implementing these guidelines.

PROCESS AND PROCEDURE

General Principles:

- Faculty effort across their roles and responsibilities should be determined in a fair and transparent manner. Each full-time faculty member is considered a 1.0 FTE with 22 days of vacation, 10 CME days and 8 holidays annually. Effort calculations are based on 44 work weeks per year with the exception of specialties that use a defined number of clinical shifts or weeks per year (i.e., anesthesiology, emergency medicine and hospital medicine).
    - For faculty on approved leave (FMLA, Sabbatical, etc.) productivity targets and incentives will be prorated as stipulated in the CPUP PTO and Leave Policy.
    - For faculty on Reduction in Duties and Reduced Effort Academic Clinicians, productivity targets and any assigned call or weekend coverage shall be prorated based on the % FTE.
    - Faculty are not expected to make up their clinical assignments either before or after their approved leave period.

- Effort may be allocated across 4 possible components: Academic (sum of education and other academic activities that are non-revenue generating), Research, Administrative, and Clinical.

- A faculty member's clinical expectations are defined by their cFTE (clinical fraction Full-Time Equivalent).
    - cFTE is defined as time available for all clinical activity (i.e., clinic sessions, virtual care, procedures, inpatient, diagnostic interpretations, weekend activities) after any adjustments for academic, research, and administrative effort.

    - Ambulatory CFTE (aCFTE) is the component of FTE that is devoted to face-to-face ambulatory care as determined by a schedule template.

    - Flexibility in creating clinical schedules is encouraged to enable faculty to achieve their clinical and academic goals while supporting their well-being.

- Changes to a faculty members effort allocation should be discussed with each faculty member annually using the Academic Planning Tool and during the annual CPUP budgeting process.

- Career Development Awards stipulate the required amount of effort for research (i.e., 50 or 75%). The remaining effort can be allocated to clinical work. The difference between salary coverage from K awards and total compensation is the responsibility of the department or division.

EFFORT ALLOCATION

Academic Effort

Academic Effort includes teaching, committee work, establishing and supporting an Area of Concentration for AC, establishing an area of scholarship for CE and tenure track not supported by extramural funding or start-up funds, department/division/practice funded leadership roles not funded by an IET (inter-entity transfer of funds from health system, hospital or PSOM), etc. Such activities are typically non-revenue generating but may be supported by department/division, CPUP and/or PSOM funds, endowment, faculty discretionary funds or gift funds.

The percentage allocated for academic effort is typically 5-10%. If a faculty member has funding for research, educational leadership roles, or hospital/health system funded administrative effort above 20%, academic effort can be reduced below 5% at the discretion of the chair.

<u>Academic Clinician</u>

- Total academic effort supported by the department for years 1-3 shall be 10%. After year 3, academic effort is typically 5-10% but can be reduced at the discretion of the chair accounting for other funded effort.
- Primary use of academic effort is teaching and development of an Area of Concentration.
    - Teaching effort should be credited at </= 5%, unless additional teaching activities can be documented.
    - An Area of Concentration should be defined for each AC track faculty member no later than their second reappointment and credited up to 5% effort.
- Academic effort may include smaller department/division-funded administrative leadership roles that do not have an associated IET or to give credit for committee assignments or other leadership roles for department, division, practice or program.
- Academic effort may be reduced to 5% or lower if the faculty has a funded hospital or education role with greater than 20% support, at the discretion of the chair

<u>Clinician Educator</u>

- Academic effort depends on years, extramural funding, scholarly productivity, teaching and non-funded department/division roles and responsibilities. Effort will vary over time.
- The first 3 years as an assistant professor require a minimum of 30% protected effort:

- 10% academic effort that may be reduced to 5% or lower if the faculty has funded research effort or other supported roles greater than 20%, at the discretion of the chair.
- 20% research effort to establish their scholarship.
- For faculty engaged in clinical research, a minimum of 20% academic effort support may be assigned as 10% of clinical effort may be counted towards protected effort if aligned with research objectives.

- Years 4 and beyond: a minimum of 10% academic effort should be provided but may be increased or reduced at the discretion of Chair based on roles, responsibilities, level of scholarly productivity, and if there is >20% funded research effort or other supported roles.

RESEARCH EFFORT

Research Effort is described as contributions to original research of any type, including investigator initiated basic, translational, and clinical research, collaborative research with recognized contribution as primary or co-author of published manuscripts, participation in clinical trials in which the faculty member enrolls patients with evidence of extramural support and authorship, or developing and reporting on new clinical innovations with contribution to original peer-reviewed publications. This effort is recorded as "Research" in the academic plan.

Effort allocated to research is determined by the Chair/Chief based on available extramural funding, industry funding, endowment, gift or discretionary funds, departmental or divisional support, start-up funds, bridge funding, and scholarly productivity**.**

K and Career Development Awards are handled as noted above.

Clinician Educators

- Research effort will vary based on extramural funding and scholarly productivity, at the discretion of the Chair/Chief. Faculty with sustained scholarly work (publications in peer reviewed journals, invited lectures nationally/internationally, grant applications, etc.) and demonstrated potential for success on the CE track may continue to be supported with gifts, endowments, designated funds at a level commensurate with their academic productivity and the availability of funds, at the discretion of the chair. This will be defined each year in the academic planning tool.
- K awardee with 50% or 75% research effort could be assigned 50% or 25% clinical effort, respectively.
- Unfunded research effort, including that associated with CE academic support in the first 3 years, shall be budgeted as research and when possible funded through departmental gift funds, endowments or departmental fund balance.
- For CE faculty with clinical privileges, funding for research effort should be from extramural (NIH, other federal/state agencies, foundation, private, industry support) and funds received through CPUP funds flow (i.e. research IET) and/or non-operational (i.e., unrestricted CPUP or PSOM funds, gift funds, endowment) sources. Effort devoted to teaching, grant preparation, and administration can be covered by operational sources. If adequate funding is not available, then a commensurate increase in

clinical activity is expected. Alternatively, salary can be reduced per CPUP Compensation and PSOM policies.

- For CE faculty without clinical privileges, funding for scholarly effort should be from extramural (NIH, other federal/state agencies, foundation, private, and industry support) or non-operational (i.e. unrestricted CPUP or PSOM funds, gift funds, endowment) sources. Effort devoted to teaching, grant preparation, and administration can be covered by operational sources. If adequate funding is not available, salary can be reduced per CPUP Compensation and PSOM policies and Section II.B.9 of the University handbook.

Academic Clinicians

- Research effort may be allocated to Academic Clinicians but must be fully supported by extramural sources and must satisfy the following conditions:
  - May serve as PI/co-PI/sub-investigator and accept role-specific support for non-federally sponsored clinical research and non-federally sponsored cooperative group trials.
  - Generally, may not be PI or have a leadership role on federally sponsored research.
  - Total research activity on NIH awards or their equivalent is limited to 10% effort unless serving in a support role for clinical research, clinical trials or informatics.

ADMINISTRATIVE EFFORT

- Faculty members with administrative effort may receive a reduction in clinical or academic FTE or a stipend for administrative roles but not both. A job description for each administrative role must be reviewed and approved prior to administrative effort assignment. In most cases, a faculty member may be assigned credit for administrative effort or a stipend for administrative activity.
- There are 4 types of administrative effort:
  - Admin-H: Hospital Purchased Services funded each fiscal year by UPHS inter-entity transfer (IET).
  - Admin-Da: Defined leadership roles funded through funds flow with an IET.
  - Admin Db: Defined leadership roles without funding from funds flow or an IET.
  - Admin-E: education leadership roles (clerkship, program or associate program directors) supported through funds flow with an IET.
- If a faculty member has a funded administrative effort above 20%, academic effort may be reduced below 5% at the discretion of the chair.

CLINICAL EFFORT

The CPUP leadership recognizes that each department has unique models of clinical care that were developed to optimize superior patient outcomes in primary care and each specialty. CPUP encourages each Department to develop models of care that promote flexibility for our faculty members while ensuring the highest standards of care for our patients. When assigning clinical duties, each Department

Chair/Division Chief is responsible for ensuring patient access and inpatient service coverage. These responsibilities should be considered when assigning clinical effort to our faculty members ensuring equity and transparency in clinical effort assignments.

- cFTE is the component of effort remaining after deductions are made for academic, research, and administrative effort.
- The cFTE is used to set the clinical target for productivity.
    - Productivity expectations may be reduced in the initial 1-3 years to allow time to ramp up a practice or establish the optimal panel size. This varies by specialty.
    - Departments/divisions may select other productivity metrics (i.e. NPVs, clinical sessions, scheduled utilization) to set clinical expectations and include in their incentive plans.
    - Clinical targets for certain hospital-based groups (anesthesiologists, hospital medicine, intensivists) are specialty-based reflecting national benchmarks (i.e., weeks or shifts/year).

Clinical Targets:

- Clinical targets are set to meet a minimum of the Vizient 65th percentile adjusted for cFTE.
    - May be lower in the first 1-3 years to allow a faculty member to build a practice or panel of patients.
- Nearly all faculty will combine different clinical activities to meet the minimum of 65%ile including ambulatory sessions, diagnostic interpretation, inpatient blocks/shifts, weekend activity, etc.
- Surgical/procedural departments/divisions may determine the number of ambulatory sessions needed based on the conversion rate of new patients visits to procedures/surgical volume.
- Departments/divisions that are <u>primarily ambulatory</u> shall set ambulatory session targets based on the ambulatory CFTE (aCFTE).
    - aCFTE is calculated by subtracting all other clinical components from CFTE including diagnostic sessions, inpatient rotations, weekend activity.
    - Flexible options to meet the aCFTE required can include compressed scheduling, alternative templates, or longer/shorter sessions such as clinical space, staffing and other resources allow but must be templated sessions.
    - The maximum aCFTE is .9 such that the number of templated ambulatory sessions does not exceed 8 per week.
- Weekend clinical activity should be included in clinical effort calculations, which will reduce the aCFTE. Other options for support include compensation such as additional pay ($/shift) or credit towards achieving incentive targets. This does not apply to specialties that use a defined number of clinical shifts or weeks per year (i.e., anesthesiology, emergency medicine and hospital medicine, intensive care medicine etc.)

EFFECTIVE DATE: 7.1.26

Approved by the CPUP Board of Directors

Authorized by: _Deborah A. Driscoll, MD_____ Date: 10/1/25

Deborah A. Driscoll, MD
SVP, CPUP
Vice Dean for Professional Services

Examples:

CE Assistant Professors- first 3 years

Effort	No extramural funding	10% extramural funding	30% extramural funding	50% extramural funding
Academic	0.1	0.1	0	0
Research – Extramural	0.0	0.1	0.3	0.5
Research – Departmental	0.2	0.1	0.0	0.0
Clinical (cFTE)	0.7	0.7	0.7	0.5

AC with Administrative Role

Note roles with >20% funding can reduce supported academic effort to 0.

	No admin roles	Admin-H	Admin-E	Admin-D
Academic	0.1	0.05	0	0
Admin D,H,E	0	0.2	0.3	0.5
Clinical (cFTE)	0.9	0.75	0.7	0.5