

# INSTRUCTIONS FOR THE FACULTY COMPENSATION AND PRODUCTIVITY SURVEY

## Quick Reference Guide

1. You will be provided with a username, password and link for completing the salary survey with this email. Please use this information to enter the Salary Survey site. For future reference, the site is at the below link:

<https://apps.degnon.org/aaapsalarysurvey/index.cfm?page=login>

*Please note that due to local network/connection variability, some of you may experience some delay in the site initially opening and in some of the transitions. The "spreadsheet view" in particular for the larger programs may take up to a minute to load.*

2. The survey has the following 3 steps for completion:

- a. Step 1: Update School Profile

- i. Please enter/review information for the following:

1. AAAP Member or Primary Contact
    2. School and Chair Information
    3. Lead Administrator (this would be the most senior administrator for your department)
    4. eThority Designee (the individual who should be listed for eThority access)
    5. Salary Book Recipient
    6. Data Submission Contact (the individual who can be contacted about any questions related to the data submitted)  
*Please note, we recognize the same individual may be listed for #3, 4, 5 please check the box "Same as Lead Administrator" and the information from #1 will auto-populate in the sections below.*
    7. Please do not forget to hit "**Save**" before leaving this page

- b. Step 2: Review/Update Current Individuals Entered

- i. This section is where you will update/add/delete compensation and productivity data for each of your faculty.
  - ii. To update your data, please click on "Spreadsheet View"
  - iii. Your data will be populated as you submitted last year
  - iv. For each row, please review/modify the following for each faculty (dropdown menu or number):
    1. Specialty
    2. Rank
    3. Degree
    4. Years in Rank
    5. Responsibility
    6. Base Comp
    7. Incentive Bonus
    8. Clinical FTE
    9. Work RVU
    10. NPP (Yes/No)

Please note that none of the above fields changed from last year. A reminder of the definitions can be obtained by hovering over the title (ie. Rank, Responsibility). In addition, the definitions have been provided at the end of these instructions. Please review the definitions in Appendix A since we have added the Advance Practice Providers.

An additional (optional) field of **“Inst. ID”** (Institutional ID #) remains so that you have a unique identifier for each faculty. To maintain confidentiality, we just ask that you use employee/payroll ID #s for your faculty or alphanumeric systems that **only** your organization can internally identify. We want to continue to ensure that the data populated into the system is de-identifiable by an external source. This field will not be used for any salary survey related calculations.

### Suggestions

To move between the fields of data, please use the tab button or mouse click in the next field. As you enter data and move from field to field, your data will automatically save. The “Last Modified” column will indicate when you last worked on that particular row so that when you return to enter data, you will know exactly where you left off.

To the right of the “Last Modified” column, there is a note option – please hover over the small box and the “add note to individual” message will appear. This is option in case you want to add a comment for your own records. There is an “x” to delete the individual row. To add a new faculty line, please scroll to the top of the spreadsheet and click on the “Add New” row and populate the fields in that row.

For some of the larger programs, we recognize that you may want to export your historical data into a spreadsheet and update that first before you return to the survey site and update numbers. There is now an “export to excel” option for this purpose. **Very important note** – if you select to upload the data back, you must have used the “accepted values” listed in Appendix B or otherwise, the upload will not be able to occur. If you choose to use this functionality, we highly recommend that you trial the upload with a few rows of data to ensure that it is not more time intensive than going into “spreadsheet view” and updating individual fields of data there. If you need assistance, please email us [aaapsurvey@degnon.org](mailto:aaapsurvey@degnon.org).

There is an ability to sort the data by header. Please just note that if you have sorted that data by a particular field, if you delete an entire row, the data will revert back to the original default sort which is by “subspecialty.”

#### c. Step 3: Final Review and Submission

1. Once you have completed Steps 1 and 2, please complete this section by conducting a final review of the data and submitting the data.
2. Please review all of the data listed and hit “Final Submit” once you are finished. **PLEASE NOTE: once you have hit “Final Submit” you will not be able to modify any data, so please ensure you carefully review before you submit.**

Please email any feedback/suggestions to any of the individuals listed below. Thanks again for completing the survey.

If you need further assistance, please feel free to contact one of the following for further clarification:

#### General Questions/Definition questions

Tyler Sebahar [tyler.sebahar@hsc.utah.edu](mailto:tyler.sebahar@hsc.utah.edu)

Technical Questions [aaapsurvey@degnon.org](mailto:aaapsurvey@degnon.org)

# APPENDIX A

## DEFINITIONS

### (SECTION I – FULL-TIME MD AND OR PHD FACULTY)

The definition assigned to each term is listed below and numbered to correspond to the column on the faculty compensation survey form.

#### **Full-time Faculty Only**

List only those members of your faculty who are full-time or > .75 FTE and hold MD, MD/PhD, PhD, or equivalent degrees. A full-time faculty member is one who works a minimum of forty hours per week (including patient care in clinic or hospital, hospital rounds, call, as well as teaching, research, and administrative duties). If you have faculty less than 1.00 FTE but greater 0.75 FTE, please pro-rate their information to 1.0 FTE for **salary** (see cFTE and wRVU details below for instructions on how to handle cFTE and wRVU reporting).

Example: 0.75 total FTE; paid \$120,000/year

Record as following: Base salary: \$160,000

Do **not** include chief residents, subspecialty residents, fellows and trainees who hold faculty titles.

#### **1. Subspecialty:**

Choose a subspecialty from the drop-down list for each faculty member. If you have individuals who cross two subspecialties, please list under the subspecialty where the majority of the time is spent. (See Appendix B with listing of selections)

#### **2. Rank:**

Choose the appropriate rank from the drop-down list for each faculty member. (See Appendix B with listing of selections)

#### **3. Degree:**

Choose the appropriate degree for each faculty member from the drop-down list. (See Appendix B with listing of selections)

#### **4. Years in Rank:**

Enter the number of years the faculty member has been at the rank. If the faculty member was at the rank specified in this survey report at an institution previously, please provide the **total number of years at this rank at the faculty member's previous institution as well as the number of years in your institution**. For example, if a faculty member has been an Assistant Professor at your institution for five years and was an Assistant Professor at a previous institution for two years, the number of years in rank that should be entered is seven. If the faculty member has been in the rank less than a year, please indicate 0.

#### **5. Responsibility: Division Head, Chair, Clinician/Teacher, Researcher, Community-Based Provider:**

Choose responsibility from the drop-down list. If the faculty member is a division head, please select division head. If the faculty member is primarily based at the main academic center, and puts forth 70% or more of his/her total effort in research, select Researcher. If the faculty member solely works in a community setting (i.e. is a hospitalist at a community hospital), select Community-Based Provider. Otherwise, please select Clinician/Teacher. Please note that the type of tenure track is not being requested. (See Appendix B with listing of selections)

#### **6. Inst ID: (Optional field)**

This Institutional Identification field is created for the exclusive benefit of the institutions to have a system to internally identify each row of data by faculty. This field can contain alphanumeric values (internal employee #s, payroll #s, faculty affairs #s, etc..) but should only be identifiable to the submitting organization. Please ***do not*** use any identifier that would identify a row of data (ie. last name) to an external source. This field will not be used in any Salary Survey calculations.

## 7. **Guaranteed Base Compensation:**

For each full-time faculty member, report the most current fiscal year dollar amount to be paid by the medical school, hospital, practice plan, and/or other affiliates that is a **guaranteed** annual base salary for the faculty member. Guaranteed pay should include pay from University, Hospital and/or Practice Plan that is “benefits eligible” and that the faculty member “expects” to receive each year.

**Please note:** if an incentive payment is guaranteed, qualitatively, to the faculty member, but the amount of the incentive payment is undetermined, please *do not include an estimate* of this payment in this column.

Finally, this column should not include any honoraria or the dollar value of fringe benefits, such as retirement plan contributions, life and health insurance, etc.

## 8. **Incentive/Bonus/Additional Compensation:**

Please read carefully: *For each full-time faculty member, the incentive, bonus, or additional compensation reported should be an amount that is not prospectively guaranteed to each faculty member and may represent payments based on profitability, performance, research productivity, citizenship, or other factors such as clinically generated income. Please include all incentive compensation that was earned for work performed during reported CFTE. Please **exclude** moonlighting for effort outside of reported CFTE, outreach incentives, hazard pay, sign-on bonuses, housing supplements, or relocation support in this category.*

Please report numbers paid in the most recently closed fiscal year, and provide only payments made to faculty members (i.e. income) and *not* non-compensatory awards, such as allotments for faculty discretionary funds, travel, books, etc.

Finally, do not include the dollar value of fringe benefits, such as retirement plan contributions, life and health insurance, etc. If your institution did not pay or does not have an incentive/bonus plan for faculty members, put a zero in this column.

## 8. **Clinical FTE (CFTE):**

The percentage of their time that each faculty member (data not required for APPs) spends on billable clinical effort, based on your institution/department’s standard calculation for a full-time individual. In general the calculation of the clinical effort represents total billable clinical effort divided by total effort. It is understood that institutions have different expectations of total effort. It is also understood that particular specialties within institutions will also have different expectations of total effort. For example, a physician who spends thirty hours per week, on average, on billable clinical activities and typically works sixty hours per week would be considered a 0.5 CFTE. *Try not to reduce CFTE artificially for faculty who have other funding sources (i.e. philanthropy), if the effort performed can still be characterized as clinical effort, as defined below.*

Clinical effort should be restricted to that portion of clinical effort for which a billable professional charge may be generated for the service provided. In other words, this should include direct patient care provided either individually or in a team setting, where a CPT code is billed and an RVU is generated.

Include time for the following billable activities:

- Clinical or ancillary services billed in the physician’s name, including:
  - Face-to-face patient time
  - Administrative time for dealing with medical record in connection to face-to-face patient time.
  - Supervisory attending of learners and/or clinical staff during the provision of direct care
  - Dictation and chart documentation
  - Telephone contact time with patients or referring physicians
  - Direction and supervision of nursing or mid-level staff in conducting direct clinical care
- Direct care associated with capitated contracts

- Direct care associated with other contracted clinical services
- Direct care for the indigent
- In-house call time

Exclude time associated with the following:

- Non-billable clinical activity where no bill is generated, no RVU's or charges are recorded
- Research activities including those that may be billed to a clinical trial account or other institutional account
- Academic activities, such as lectures, mentoring, didactic teaching, medical student supervision, where direct patient care was not provided
- On-call time where the provider is not in the hospital
- Case conferences

#### **9. Work RVUs (wRVUs):**

Please provide the total Medicare **work** RVUs, that were personally generated by each physician for the given year (**i.e. do not include effort of residents, fellows, or other trainees**). wRVUs should only be provided for a physicians who provided a full fiscal year of service. The clinical FTE provided should be based on the same period in which the services were generated. For consistency, please use the most recent RBRVS scale.

If possible, exclude any wRVUs that were generated in whole, or in part, by a non-physician provider supervised by a physician, or genetic counselors supervised by a physician. (see #11 below)

*Leave this section blank for APPs or if the faculty member has not yet provided a full year of clinical activity.*

NOTE: If you need guidance about how to report wRVUs, please feel free to call us for assistance.

#### **11. Non-physician Provider Included:**

Select "Yes" or "No" to indicate whether the wRVUs include activity generated in part by non-physician providers (nurse practitioner, physician assistant, etc). If you are unable to exclude non-physician provider wRVUs, answer "Yes" to this question. If you are unable to distinguish by provider the inclusion of non-physician provider effort, but are aware that some non-physician activity has been reported within a particular specialty, please answer "Yes" to this question for all providers in that specialty.

# DEFINITIONS

## (SECTION II – FULL-TIME PHYSICIAN EXTENDERS/ADVANCE PRACTICE PROVIDERS)

The definition assigned to each term is listed below and numbered to correspond to the column on the faculty compensation survey form.

### **Full-time Advanced Practice Providers Only**

List any Advanced Practice Providers (APP) - nurse practitioners and physician assistants. We recognize that they may or may not be faculty. It is acceptable to include both faculty and staff APPs.

If you have part-time Advance Practice Providers, please pro-rate their compensation data to 1.0 FTEs.

#### **1. Subspecialty:**

Choose a subspecialty from the drop-down list for each Advanced Practice Provider. (See Appendix B with listing of selections)

#### **2. Rank:**

Choose the appropriate rank from the drop-down list for each faculty member. Please note, a selection of “Non-Faculty” has been provided for those Advanced Practice Providers that are in staff positions. (See Appendix B with listing of selections)

#### **3. Years in Rank:**

Enter the number of years the Advanced Practice Provider has been at the rank. If the APP was at the rank specified in this survey report at an institution previously, please provide the **total number of years at this rank at the APP’s previous institution as well as the number of years in your institution**. For example, if a faculty member has been a Nurse Practitioner at your institution for five years and was a Nurse Practitioner at a previous institution for two years, the number of years in rank that should be entered is seven. If the APP has been in the rank less than a year, please indicate 0.

#### **4. Responsibility: Nurse Practitioner or Physician Assistant:**

Choose responsibility from the drop-down list. (See Appendix B with listing of selections)

#### **5. Inst ID: (Optional field)**

This Institutional Identification field is created for the exclusive benefit of the institutions to have a system to internally identify each row of data by faculty. This field can contain alphanumeric values (internal employee #s, payroll #s, faculty affairs #s, etc..) but should only be identifiable to the submitting organization. Please ***do not*** use any identifier that would identify a row of data (ie. last name) to an external source. This field will not be used in any Salary Survey calculations.

#### **6. Guaranteed Base Compensation:**

For each full-time Advanced Practice Provider, report the **most current actual fiscal year** gross dollar amount paid by the medical school, hospital, practice plan, and/or other affiliates that is a guaranteed annual base salary for the Advanced Practice Provider.

**Please note:** if an incentive payment is guaranteed, qualitatively, to the Advanced Practice Provider, but the amount of the incentive payment is undetermined, please ***do not include an estimate*** of this payment in this column.

Finally, this column should not include any honoraria or the dollar value of fringe benefits, such as retirement plan contributions, life and health insurance, etc.

#### **7. Incentive/Bonus/Additional Compensation:**

For each full-time Advanced Practice Provider, report the most recent annual dollar amount paid by the medical school, hospital, practice plan, and/or other affiliates to the Advanced Practice Provider

that is considered an incentive or bonus payment. The incentive, bonus, or additional compensation reported should be an amount that is not prospectively guaranteed to each Advanced Practice Provider and may represent payments based on profitability, performance, or other factors such as clinically generated income.

Please provide only payments made to Advance Practice Provider (i.e. income) and not non-compensatory awards, such as allotments for faculty discretionary funds, travel, books, etc.

Finally, do not include the dollar value of fringe benefits, such as retirement plan contributions, life and health insurance, etc. If your institution did not pay or does not have an incentive/bonus plan for Advanced Practice Providers, put a zero in this column.

*Please note: that you can leave the fields for “degree, clinical FTE, wRVU and Non-physician Provider” blank for the Advance Practice Providers.*

# **CONFIDENTIALITY OF SURVEY DATA**

All survey data submitted will be maintained and treated as strictly confidential.

All questionnaires and related materials that identify a particular department will be safeguarded, and no information that identifies a specific department will be published or released in any form without written permission.

Kristi Baker Covington

*President, Association of Administrators in Academic Pediatrics*



## APPENDIX B

### Subspecialty

Adolescent Medicine  
Allergy/Immunology  
Biostatisticians  
Bone Marrow Transplant  
Cardiology - Critical Care  
Cardiology - Diagnostic  
Cardiology - Interventional  
Child Abuse Pediatrics  
Child Development  
Critical Care/Intensive Care  
Dermatology  
Emergency Medicine  
Endocrinology/Metabolism  
Epilepsy  
Gastroenterology/Nutrition  
General Pediatrics  
General Peds-in ED (Urgent care)  
Genetics  
Hematology/Oncology  
Hepatology  
Hospitalist  
Infectious Diseases  
Med/Peds  
Neonatology  
Nephrology  
Neurology  
Other  
Palliative Care  
Psychology  
Pulmonary  
Rehabilitation  
Rheumatology  
Sleep Medicine  
Sports Medicine

### Rank

Professor  
Associate Professor  
Assistant Professor  
Instructor/Lecturer  
Other Faculty  
Non-Faculty (typically Nurse Prac)  
Administrator (for Dept Admin only)

### Degree

Ph.D. Equivalent  
M.D./Ph.D.  
M.D. or D.O.  
Ph.D.

## **Responsibility**

Clinician/Teacher

Community-Based Provider

Chair

Division Head

Researcher

Nurse Practitioner

Physician Assistant