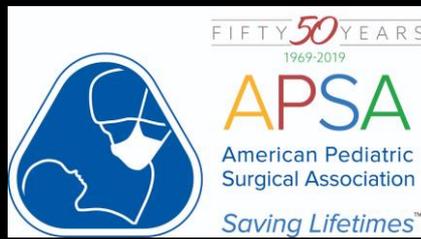




HOSPITALS • RESEARCH • FOUNDATION



# Employed Pediatric Surgeon - Academic

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# Current Practice

- Employer: University of Arkansas for Medical Sciences
  - Department of Surgery, Division of Pediatric Surgery
- Group size: 6
  - 3 Professor, 1 Associate, 2 Assistant
  - Pathways: “Academic”, Clinical Educator, Clinical Attending
- Fellowship
- Non-clinical Roles
  - Division chief
  - Fellowship program director
  - Trauma medical directors
  - System surgeon-in-chief, hospital department chair
  - Research lab, clinical research
  - Surgical quality director, IT/EMR committee

# Group Practice Locations

## Arkansas Children's Hospital

- Little Rock 
- Tertiary referral center, ACS Level 1 trauma
- All 6 practice here, 5 primary



## Arkansas Children's Northwest

- Springdale 
- Free-standing pediatric subspecialty hospital
- 2 partners cover 24/7, my 1<sup>o</sup> practice



# Practice Plan



Children's University  
Medical Group (CUMG)

- New compensation plan model

Inter-institutional  
relationship

“Child Health Practice  
Collaborative” (CHPC)

Annual operating agreement  
Shared mission



Arkansas Children's  
Medical Group (ACMG)

- ? Future of physician practice

# Compensation Model (CUMG)

- Individualized equation for FTE allocation
  - National average RVU (AAMC): specialty, faculty appointment, time in position
    - e.g.: pediatric surgeon, associate professor, 4 years
  - Non-clinical work credit
    - Percentage based on academic track
    - Funded research
    - Reimbursed hospital administrative positions

# Compensation Model (CUMG)

- Goal: National average RVU = 1.0 FTE



Actual RVU



Academia/  
Education



Funded  
research



Reimbursed  
admin



Individual  
Output

- Salary adjustment for  $>60^{\text{th}}$  or  $<40^{\text{th}}$  percentile
  - Based on pool of available funds
- CHPC is actively negotiating details
  - In other words, no final plan

# My Practice: Initial Hire

- Reason for Hire: program development, new hospital
- UAMS: Assistant Professor, Clinical Attending (non-tenure)
  - FTE “100% clinical”
  - Entirely new position, no comparable, many unknowns
- Salary
  - 3 year salary guarantee from hospital (AC)
  - MGMA > AAMC
  - Large burden of call and admin

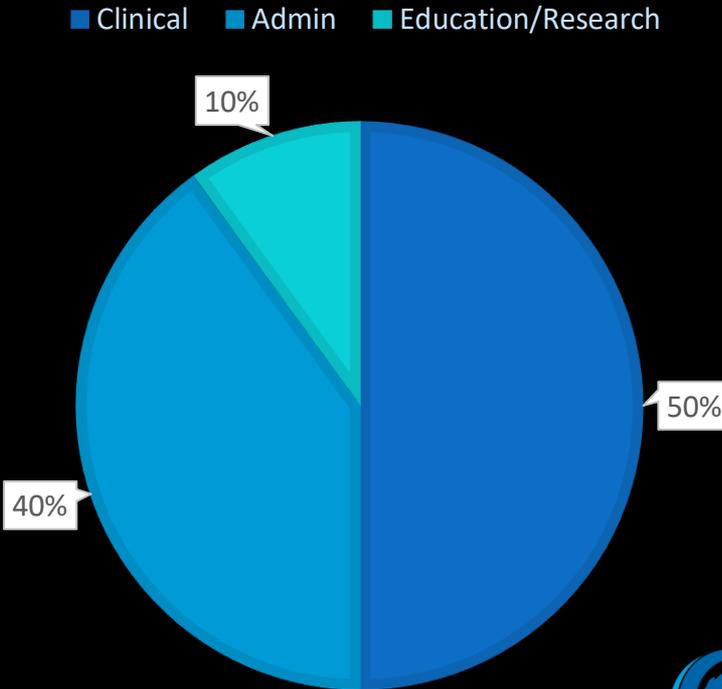
# My Practice: Reality

## 40% Administrative:

- Department chair
- 5 committees
- Trauma medical director/program development

## 10% Education/Research:

- Fellowship, non-core
- Affiliation with regional medical campus, starting clerkship 2019-20
- Internal and external trauma education



## 50% Clinical:

- 24/7 coverage of 30-bed ED, 24-bed inpatient unit
- Two clinic ½-days per week (>80 appts/mo)
- Two OR block days per week (>30 cases/mo)
- Travel to main campus: 4-5 days every 5-6 weeks
- Myself & 1 partner, 1 specialty RN, hiring 1 APP

# My Practice: Negotiations

- Collective bargaining
  - Group as single entity, minus my 3-year exemption
  - RVUs generated from my work at ACH are added to the group's total
  - FTE allocations:
    - Division chief = 0.1
    - Fellowship director = 0.1
    - Quality = 0.1
    - Trauma medical director = 0.1
- Personal position
  - Enough RVUs to maintain current compensation
  - Prep for promotion: documentation
  - Supportive hospital administration

# Negotiations

## Assets

- New position: no institutional knowledge
- “Known entity”
- Value to hospital
  - Tangible: availability & expertise
  - Intangibles: marketability, common goals, passion

## Challenges

- ? Outcome of CHPC vs. university & hospital system
- RVU Competition
- Unvalued RVUs
- Recruiting
  - Timing
  - \$ Support

# Learning Points

- There is a place in academic medicine for “non-traditional” interests
- I am my own best advocate
- Numbers matter – Track everything
- Creativity with persistence is rewarded
- Relationships (communication) are at the core of every successful negotiation