Negotiating With Your Chair

Overview

HAVING A GOOD APPROACH

STRATEGIES TO CONSIDER

Q&A

Have a good approach

- Know what your rights are
  - Faculty Handbook is explicit, helpful
- Prepare – don't go in cold
  - Know what the AAMC salary benchmarks are for your position
  - Know the UHC/AAMC wRVU benchmarks are
  - Know the expected amount of grant support
  - Draw up a letter summarizing your accomplishments and contributions- might send ahead of time
- '*the art of letting the other person have your way*"
- Find ***shared interests***; the other party's position/response is virtually always based on their interests- i.e. meeting their goals finance wise and productivity wise
- The trick is to frame your interests in terms of the interests of the other party.

Letter of Accomplishments

- Please allow me to bullet point some of my accomplishments for your review:

- **Grant funding/Research** (I have been *continuously* funded since joining faculty in 2012):
  - NIH/NCATS KL2
  - ACR RRF K bridge
  - NIH K08 (NIAMS)
  - ACR RRF R bridge
  - NIH R01 (NIAMS) – with more than $600,000 in indirects

- I have also created new collaborations with investigators at Northwestern, Cleveland Clinic, and here at MUSC, all with projects/grants on-going or planned. I will submit 2 other grants this year: Lupus Research Alliance (Co-I), and a VA Merit (PI).

- This fiscal year I published 2 manuscripts (co-author) and a 3rd is in preparation (last author).

- **Teaching (highlights)**
  - I precept the Clinical Ethics clerkship (Fundamentals of Patient Care) for Years 3 and 4.
  - I facilitated an "Anti-Racism in Medicine" small group discussion (orientation week).
  - I precept rotating 3rd year students in my clinic weekly as part of their IM Ambulatory Block
  - I am a lecturer for Immunobiology **(MBIM 790*02) and Inflammation & Immunity (MBIM 735)**
  - My evaluations from rotating IM residents were 100% "excellent"
  - Annual evaluations from the fellows indicate high satisfaction (score 9.97/10 in 2022)

- Here is a sampling of fellow comments: "Dr. X is an asset to this program. She has immense knowledge and is always willing to teach. I have only worked with her on consults, but these times were filled with teaching opportunities. I have learned a lot from her." "Dr. X is a great advocate for her patients and goes above and beyond for each patient; she is a wonderful role model as a rheumatologist scientist because she is strong, smart, and driven."

- **Other academic pursuits (highlights) 2022**:
  - Director – Dept of Medicine PSTP
  - Committee member, MSTP student
  - Women Scholar Initiative/ARROW Career Development Program, Committee Member
  - Interviewer – College of Graduate Studies, PhD applicants

Page 2

Clinical effort (cFTE .43)

Since joining the VA (1/8), my individual MUSC RVU target is 851 for the year. As of December 31st, I had already billed 832 RVUs compared to last year's 685 (LFYTD), despite dropping one of my clinics to focus on research.

I volunteered to take over 2 of Dr. X fellow clinics when he became ill, and like my colleagues, continue to see his patients as needed. I also run a 5h ½ day clinic that is consistently overbooked.

Perhaps most importantly, my Willingness to Recommend Score is 100%. I have routinely been among providers with top patient satisfaction scores. From January scorecard:

Patient Experience (Medical Practice)			
Measure	**Target**	**FYTD n = 41**	**LFYTotal n = 85**
Access	79.80%	84.17%	82.80%
Care Provider	88.35%	96.30%	91.56%
Moving Through Your Visit	71.01%	82.28%	72.90%
Nurse/Assistant	86.84%	92.68%	90.32%
Overall Assessment	87.70%	98.75%	88.02%
Personal Issues	86.64%	95.12%	89.72%
Willingness to Recommend	87.70%	100.00%	90.36%

Strategies for success

Make

Make sure you know the facts

- How sure are you that you're underpaid? Working hardest?
- Everyone thinks they are underpaid despite what they consider as working hard

Pick

Pick your battles

- Is salary your top priority or is your clinical or teaching load

Have

Have a strong sense of your bottom line

- What is/not negotiable in your mind and prepare to stick by it

Know

Know your "BATNA" – best alternative to negotiated agreement

- The best you can do if the other person refuses to negotiate with you ("You want what? Go jump in a lake!" – then what?)
- If what you are offered is better than your BATNA, you should take it.
- So: figure out a good BATNA; it will make you a better negotiator

More on BATNAs

Coming up with options

Make a list of actions you might conceivably take if no agreement is reached.

In the faculty handbook the process of disputing your contract is given

Are you willing to do more clinic time, teaching time, admin time

You should also consider your Chair's alternatives

What are his/her options?

They are given a budget by the Dean's office so they work backwards to fit everyone into that budget

This is a negotiation that rarely ends in everyone getting what they want. Hopefully both parties want to reach an agreement that benefits both

How can you make his/her options easier? Have they been taxed with doing something new that you can help with

Strategy and Perceptions

Perceptions are rarely shared phenomena.

Are my truths the same as yours

Once a set of interests (money, effort, leadership position, department/clinic needs) are identified as on the table:

Listen to the other party's perception of the interests

Will provide clues to where s/he might be willing to negotiate.

Negotiation Errors

Assuming things you think you know about the other party

Cornering the other party- my way or the highway

Issue fixation on something that might not be in their ability to change

Confusing authority and power

The power of dept chairs and division chiefs aint what it used to be

Talking too much

“some of the best negotiating you’ll ever do is when you’re not talking”

Failing to appreciate the nature of the other party’s needs/interests

Saying "No"

Sometimes you'll be asked to do something you are not inclined to do – admin role, etc.

Consider time commitments, contributions to your advancement

- Is there a discrepancy between your view of your future path and your chair's?
  - Again – identify your interests and Chair's
- If something is a "stop-gap" to cover salary, what is the path for ending it?

If you actually say "yes" instead – make sure you are getting recognition/credit

Special Topics: Salary

Prepare

- AAMC data: specialty, rank, region of the country
- AAMC data on RVU benchmarks
- For PhD's what are the expectations grant wise

Understand interests

- What is the Chair trying to accomplish? What are his/her priorities?
- How do those priorities align with your services?

How does the Chair perceive your contribution to the missions of the department?

- May be very different from yours; if so, try not to take it personally

Negotiate only with the Chair or Chief. Admin can present it but if you disagree insist on talking with your boss.

Calculating RVUs and FTEs

	cFTE	FY 17 wRVUs	FY18 wRVUs	%UHC
Physician 1	0.25	1456	1519	65%
Physician 2	0.25	1177	1740	65%
Physician 3	0.25	928	1872	65%
UT Southwestern	0.25	1125		65%
UAB	0.25	1100		65%
Pitt	0.25	900		50%
SE UHC avg	0.25	1204		65%

Based overall on reaching 65% of regional average wRVUs for academic institutions in Southeast and overall salaries to be at the 50%.

Things said to be straight forward

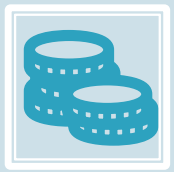
- At MUSC the stated goal is for a clinician to meet the 65% of the UHC (University Health Systems Consortium) while paying at the 50th %
  - Issues- At other institutions, there is a 3 year gradation to meet this mark. At MUSC it is expected the first year
  - Issues- Where does the 15% extra go-? For clinical staff? Other schools pay at the 65% for 65% productivity
  - Issues- The AAMC and UHC guidelines are not the same allowing picking and choosing which one fits best
  - Issues- Although there are benchmarks for RVUs and salary, the university can set how much an RVU is worth. Lowering the dollars per RVU, which MUSC has done, means you have to bring in more RVUs to make the same salary
  - Issues- A number of faculty are not even close to a 50% salary
  - Issues- MUSC has elected to go with a stick rather than a carrot, i.e. holding back salary and paying it only if you hit 100% of expectations. Other institutions (not all) pay a baseline salary at the 50% and if you exceed it you are given a certain amount per RVU as a bonus. If you do not reach your goal, your base salary is decreased for the next year.

How to Proceed/Negotiate

- Know if your division/department is an all in wRVU model or an individual wRVU model.
- Determine what cFTE you are based on buydown for grants, administrative duties, teaching etc. cFTE is negotiable. The lower the cFTE the lower your RVU goal is
- Find out what the UHC RVUs are for your subspecialty (available on the web). Data I have presented is for rheumatology
- Find out what the salary benchmarks are for your position/subspecialty taking into account your years in rank-i.e. a first year Assoc Prof will not make the same as a six year Assoc Prof- remember the overall goal/average for the College of Medicine is 50%.
- Can then negotiate salary and wRVUs, cFTEs.
- Zs are up to the Chair/Chief.
- As far as I know, there is no negotiation for Zs and it can vary substantially year to year
- If you are VA paid as well it is a black box to MUSC as the VA does not share with MUSC how much they pay you.

Academic Fund

The Deans office provides $65,000 per year per tenure track research faculty in the departments or the divisions. How that money is distributed is up to the chair/chief. Some faculty are 90% funded and do not need the 65k so it is used to cover other faculty who are not fully funded.



The money can also be used for other expenditures

Most of this money comes from the Hospital, the amount varies from year to year depending on Hospital finances

Non clinician researchers

- The COM Basic Science Compensation Plan (BSCP) has been in effect for several years now. Updates to the plan were made for FY22 impacting Assistant and Associate Professors; updates were made to the plan for FY23 impacting Professors.
- In general, the BSCP applies to faculty who are non-clinical and are tenured or tenure track at the rank of Assistant Professor, Associate Professor, or Professor. It applies to faculty in both basic science and clinical departments.
- More information about the BSCP can be found here: https://horseshoe.musc.edu/university/colleges/com/faculty/basic-science-compensation
- Under the BSCP, faculty have the opportunity to increase their base salary by reaching defined salary coverage targets.
- Non tenure track research faculty are not covered by the BSCP and need 100% of their salary covered by grants/teaching etc.
- Recent changes were made to compensate folks that are >75% funded
- There are other funds from the Dean's office to cover MDs, primarily MDPhDs, during their early post K years and during first R01.

Special Topics: Salary

Reality of today's financing system:

Educate yourself on how salaries are calculated

Read your contracts carefully and understand it

The more you contribute to multiple missions within the department, the more value you have

- "Two-fer" or "Three-fer"
- Make sure you are being compensated for extras

Opportunities for major salary increases

Promotion/additional responsibility (not a guarantee)

Major achievement (not simply 'doing a good job')

Having other opportunities (i.e., competing offer)

- Beware – it may be okay with them if you leave

What to do?

- Be creative
  - Forge new partnerships with industry- market yourself- work with the industry liaisons
  - Form new collaborations/teams- if you're a clinician- find a basic scientist; vice versa
  - Become active in seeking philanthropic support- some of your patients may be able to help
  - Become an advocate at the state and national level for increased state support and for increased NIH dollars
  - Discuss being part of the VA system where there are needs and support as well as different grant mechanisms. All clinician scientists should look intensely at being part of the VA

Today's Academic Environment

The general points I made can be applied to all faculty

The more specific points are biased by my being a non cognitive specialist who spends the majority of my time doing research and administrative duties

I am not as familiar with the surgical specialties and each has their own specific plans though all are based on a Funds Flow model with RVU targets

Talk with your colleagues at other universities to see how things are done there

The data I presented is primarily rheumatology based from discussions with chiefs of rheumatology at three Southeast US universities

Final Thoughts

This presentation is not to be interpreted that MUSC is out of the norm or is more secretive than other academic centers in the Southeast.

The admin folks are honest, hard working and want the best for everyone within the constraints of budget

Although someone may be in the same faculty rank as another, they may not be paid the same depending on productivity and value.