

## GUIDELINES for the Distribution of Non-clinical time

Radiology retreat recommendations 3/21/15

### Rationale

The committee makes a rough assumption that everyone equally supports the non-RVU producing, yet clinically essential departmental activities such as clinical conferences, academic endeavors and teaching.

The amount of non-RVU producing time is limited, and the goal of this committee was twofold:

1. Make recommendations for prioritizing the allocation of available time
2. Determine methods to increase available time

### Definitions

For the purposes of these guidelines, time considered non-clinical time (NCT) will be addressed under the headings of:

1. Funded time (FT) (DH/GME funded positions, grants)  
(funding will be considered 100% in so far as there is a 1:1 reduction in the calculated FTE when the administration benchmarks RVUs (ie, if you are 50% funded, then you would be considered a .5 FTE for benchmark measures.) )
2. Non-funded academic / administrative time (NAA)  
(what is traditionally considered NCT: time when you are expected to be available for back-up, emergencies; but are not otherwise specifically scheduled to a clinical rotation. (*Allocation of NAA does not result in a reduction in FTE for benchmark calculations.*))
3. Clinic Business (CB)  
(time allocated by the Chair for Department-related tasks/trips/meetings. (*Allocation of Clinic Business time does not result in a reduction in FTE for benchmark calculations.*))

### Time Allocation

As time is limited, and maintenance of basic Departmental operations require a defined amount of FTE clinical time, the recommended distribution of any remaining non-clinical time is prioritized as follows:

1. Funded time : As this time is external to the Departmental FTE considered for benchmark RVU calculations, it is allocated first, as it *may be considered time that has been purchased from the department.*

*As some time demands (eg, PD) are not constant throughout the year, the designated time may be allocated unevenly week to week.*

2. NAA: 0.1 (based on 1.0 FTE) per person (baseline)
  - a. ideally should be *in addition to* funded time if available
  - b. will be adjusted by the department Chairman or their designee, based on productivity  
(a baseline half day a week NAA is recommended as a basic amount, essential to perform the non-clinical duties of an academic radiologist –preparing lectures, participating in multidisciplinary conferences.)
  
3. Clinic Business: (Currently, this represents a *significant* amount of NCT and therefore limits the time other staff members can be accorded NCT. New definitions are submitted below with caps on time away for particular endeavors.)
  - a. This time tends to be allocated well in advance as these tend to be scheduled activities however, with reallocation and reassignment of items previously considered clinic business to be granted as NAA and funded time, the overall impact of this time should decrease.

## Definitions of activities

### Funded Administrative time

1. *Vice Chairs*: specific roles and responsibilities and time allotment determined by Chairman. (role-specific away meeting time should come from this time rather than “Clinic Business”)
2. *Residency Directory / Fellowship Director*: time allocation includes : interviews, site visit prep, PD meetings and retreats, national meetings (these role-specific responsibilities should come from this time rather than ‘clinic business’)
3. *Division Director*: time allotment may vary based on division at Chairman’s discretion. Time allotment includes: Section Chief meetings, site visits, equipment purchase/review (these role-specific responsibilities should come from this time rather than ‘clinic business’)

### Funded Research Time

1. Per stipulation of grant / funding source

### Nonfunded academic / administrative time

Continued allocation of NAA will be based on performance in the following categories of academic endeavors:

1. Research: papers, abstracts, posters, presentations

2. Education: lectures, tools, curriculum development, board review sessions
3. Institutional committee work
4. ABR or NBME question writing
5. Value Institute work
6. Medical school teaching/committees
7. Awarded editor or fellowship
8. Visiting professor (if in excess of the clinic business cap)
9. Manuscript review, poster review, review of presentations for national meetings
10. Editorial work
11. National / regional committee co-chair / member

### Clinic Business

The following activities are considered essential to, or significantly benefit, the department and have thus been classified as clinic business:

1. Legal proceedings
2. MOC exam
3. ACLS (0.5d)
4. National / Regional committee chair (for required travel only)
5. Visiting professor (faculty are capped at 3 visits in 3 years; any accepted visiting professorships above this limit will be from NAA)
6. Items otherwise assigned / approved by Department Chairman.

### CME

The following activities were previously considered clinic business, however have been reclassified as CME:

1. Invited presentations to national meetings where CME is given
2. Associate or assistant PD / associate or assistant student education director attendance at AUR/national meetings

By redefining and reassigning activities as outlined above and changing the ranking for prioritizing time, we hope to increase the amount of NCT available to faculty.