Faculty Compensation for Medical Student Education

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Significance: Ensuring students continue to receive a high-quality medical education is a critical strategic goal of Boston University School of Medicine (BUSM). Administrators, department chairs and educators have different perspectives regarding financing medical education.

Innovation: The project aimed to assess knowledge and reactions to the current compensation system at BUSM from key stakeholders, and seek insight into the approach of other medical schools to look for potential strategies that the institution could adopt.

Methods: Using standardized questionnaire, the team conducted interviews with teaching faculty, department chairs, and administrative leadership to assess their impressions and level of understanding of the current compensation model. Deans and finance officers at comparable medical schools were contacted by team members to understand the compensation models employed at those institutions. A review of the literature was performed to identify information on medical education funding sources and strategies.

Results: Internally, 8/9 (88.9%) faculty members and 6/6 (100%) department chairs contacted were interviewed. External information was obtained from 10 medical schools. A majority of faculty (5/8, 62.5%) had little to no understanding of the current BUSM compensation model. Faculty who participated in the Academy of Medical Educators (AME) and basic science educators had a better understanding of the system. There was a generalized lack of awareness regarding the school's annual requirement of 100 hours of teaching by each faculty member. Despite a strong desire to continue teaching activities, clinician educators expressed concerns with the conflicts between clinical time and RVU targets, reduced compensation for teaching per unit time, and a perceived lack of contribution from teaching in academic promotion. As one faculty member stated, "I enjoy teaching the med students but am pulled in different directions. It's taking time away from the things that are needed for promotion." Departmental chairs appreciated the level of autonomy the current model allowed them, the clarity of funding for basic scientists, and the promise that the AME program showed. Chairs echoed their faculty's frustration due to a lack of understanding of the compensation model. In addition, they noted that the educational funding appeared to be inversely related to other funding (such as strategic funding). Administrators noted that revenue distributed to departments were primarily derived from tuition fees and no funding was received from Boston University Medical Group (BUMG). Of 10 similar institutions, 10 (100%) provide funding to clerkship and course directors and 6 (60%) factor teaching efforts into promotion. Only 4 (40%) schools received funding via clinical revenue from faculty practice groups.

Challenges and Limitations: We were only able to contact a subset of other schools. Faculty and chairs may have felt inhibited in discussions with us knowing that there was only a small pool of personnel being interviewed. The challenge of matching educational funding to effort is broadly appreciated but lacks clean solutions.

Next Steps: A new model for faculty compensation of medical student education is set to be implemented at BUSM. This model utilizes a value-based perspective that allots a value amount based on the amount time that activity occupies within the curriculum. In addition, specific dollar amounts are allocated to AME faculty and course/clerkship directors. Educational directors will be required to provide annual reports regarding how the funds are distributed. The group also recommends the following steps be implemented:

1) *Clearly Factoring Teaching into Academic Promotion* – This recommendation has the potential to yield the greatest impact as this addresses a core concern expressed by faculty without requiring an increase in funding. Utilizing this method of non-financial compensation will reinforce to the faculty the value that BUSM maintains in providing a high-quality medical education to students. A majority of medical schools we contacted use this strategy.
2) *Increased Transparency* – Faculty and some chairs report a lack of understanding on how funds are distributed. We recommend implementing efforts to improve communication and increase transparency including: presentations to faculty and chairs at departmental meetings and readily making these documents accessible on-line. An example of this would be the institution's expectations of faculty for hours spent teaching annually. Members of our team attempted to find this requirement on-line and were unable to readily access this information – highlighting the difference between being clearly defined and easily referenced.
3) *Evaluation of Impact to Ensure Equity* – Establishment of a working group to review the impact of teaching activities in relation to degree status (PhD vs. MD), variations between high-earning and low-earning specialties, and to ensure equal inclusion across race and gender.
4) *Maintenance of Departmental Autonomy* – Given the variation in compensation between specialties, it would appear that it is necessary to ensure that chairs retain oversight at the departmental level. However, we recommend other methods of compensation that have potential to positively impact teaching faculty are considered. Methods that have been employed by other institutions include establishments of educational endowments and the Education Value Unit (EVU).