

February 16, 2017

RUTGERS UNIVERSITY  
Response to AAUP-BHSNJ Request for Information regarding cFTE

**GUIDELINES FOR DEFINING FACULTY FTE/CFTE**

**I. FTE and CFTE Guidelines**

- » A 100% full-time faculty member is considered to be 1.0 FTE. A faculty member shall not be reported as more than 1.0 FTE. Each department should define a full-time workload appropriate for its department and consistent with market expectations. A part-time provider should have an FTE defined in relation to the standard full-time workweek as defined by the department.
- » The total FTE of the faculty member (whether 1.0 or less) can be subdivided into segments based on percentage of effort related to time spent performing clinical, teaching, research, and administrative duties. A faculty member's total percentage effort must add up to 100%. The sum of all FTE segments must equal the total FTE.
- » The following guidelines conform with the Association of American Medical Colleges (AAMC) and Medical Group Management Association (MGMA) joint definition of CFTE:

"The aggregate percentage of time spent in direct patient care and consultation activities where a patient bill is generated, or where a fee-for-service equivalent charge is recorded. Time devoted to care of patients includes contracts that involve capitated patient panels, fee-for-service, indigent and professional courtesy care, clinical or ancillary services, and time when a faculty member functions simultaneously as a supervisory attending physician and as a provider of clinical care."
- » To avoid the challenges and complexity associated with accurately parsing and defining the amount of faculty effort related to teaching residents in the clinical setting that results in no billable activity, it should not be separated from the CFTE. Teaching residents in a purely educational setting should *not* be considered part of the CFTE.
- » CFTE should include effort related to all clinical activity regardless of the source of funding or nature of any contractual relationship (if applicable). Each unit can define its clinical activity as either Clinical or Contract Clinical effort (defined in greater detail below), although both subcategories will be grouped in aggregate as Clinical.

## **A. Clinical**

- » All billable physician/provider activity regardless of reimbursement status (surgical time, scheduled clinics, inpatient services, hospital rounding, indigent care, etc.), including activities with learners present
- » Direct patient contact
- » On-call effort (remote or in house)
- » Supervision of residents/fellows while seeing patients
- » Chart review, documentation, and other office work related to clinical activity

## **B. Contract Clinical**

This subcategory should consist of effort provided and compensated through external health system contracts for professional services. Although this faculty effort is clinical in nature, Rutgers does not bill and collect for these professional services (e.g., faculty time purchased at an hourly rate), and individual faculty are not credited with collections and units of productivity (e.g., WRVUs, ASAs).