

**Queries & Responses posted on  
AAMC's Faculty Affairs Listserve (3/01 – 7/02)**

**A) Leave Policies**

**Query:**

Could you share your institution policies on the following:

1. Number of days allowed annually for vacation and professional leave. Differences for clinical or basic science?
2. Requirements for advance approval/notification.
3. Limitations on personal consulting and how time way for personal Consulting is charged to leave time
4. Are there policy variations based on years of service, academic rank or age?
5. Is sick leave separately defined and tracked?
6. Are leave policies the same for tenured/tenure track, clinical track and research faculty?

**Responses:**

*University of Nevada School of Medicine (Dr. David Lupan)*

- vacation: 2 days per month - accrued to a max of 48 days
- professional: Consultation capped at 20% time or 1 day/week
- No difference BS to Clinician.
- vacation: approval usually in advance, unless for a small amount of time, say one afternoon professional: approval not required unless competes with daily duties.
- At our institution, if personal consultation exceeds 20% time, then the balance is charge against vacation.

*George Washington University (Paula D. Harper (202) 994-2966)*

- All Full Time Faculty are allotted 22 days of vacation leave per fiscal year under the University Faculty Handbook. Time is on a "use it or lose it" basis and unused leave does NOT pay out at time of separation. Departments set a specific amount of time for professional/CME time which averages 10 days per fiscal year
- Requirements for advance approval/notification. Requests for leave must be submitted to and approved by the department chair or division director.
- Limitations on personal consulting and how time way for personal consulting is charged to leave time. Clinicians are limited to the "occasional honorarium" while basic scientists and members of our health sciences faculty are eligible for the one-day a week of protected time. All consulting must be in compliance with the University's conflict of interest policy.
- Are there policy variations based on years of service, academic rank or age? Only in regard to the University's policy on temporary disability which is essentially sick leave for faculty.
- The University has a temporary disability policy which allows for 1 month of time away without a doctors note or dean's approval for all full -time faculty. For those faculty with more than 2 years of

service, an additional 5 months may be requested with a doctor's note and dean's approval. Departments are required to track all types of leave. (Hint: If leave is not tracked/documented the institution may run into trouble in cases of short-term or long-term disability.)

- Are leave policies the same for tenured/tenure track, clinical track and research faculty? Yes

*Robert A. Bornstein, [bornstein-2@medctr.osu.edu](mailto:bornstein-2@medctr.osu.edu)*

- All faculty (on 12 month contracts) receive 22 days vacation. The faculty on nine month contracts not receive vacation. professional leave is provided at the discretion of the chair. There is no specific limit as to the number of days.
- Requirements for advance approval/notification. We do require advance application, but there is no specific timeframe.
- Limitations on personal consulting and how time way for personal consulting is charged to leave time The university permits up to 1 day per week for external consulting. For physician faculty this cannot entail the practice of medicine since this would be a violation of our practice plan.
- Are there policy variations based on years of service, academic rank or age? No
- Sick leave is accrued on an hours per month basis and can be accrued without limit (as opposed to vacation time in which a person cannot carry forward a balance of more than 240 hours from one year to the next).
- Are leave policies the same for tenured/tenure track, clinical track and research faculty? Yes

*Scott Wetstone, [wetstone@nso.uchc.edu](mailto:wetstone@nso.uchc.edu)*

- All faculty receive 22 vacation days per year. They may carryover a maximum of 10.
- Advance approval: varies by department. I suspect that most go retroactive. At least once a year, an annual report is submitted by the department indicated number of days taken in the last year. This is signed by the dept head and the faculty member.
- Consulting is complex. There is a recommended maximum of 22 days/year but that is dependent on getting your regular job done and can be higher or lower. We only count the time of consulting itself and not travel, etc. Consulting means the money goes to the faculty member. Faculty can also engage in such activities in which the money goes to a special academic enhancement account that can pay for travel, computers, etc. The former is done while not acting as a State employee, the latter as a State employee.
- No policy variations
- No sick leave is guaranteed. Department heads grant sick leave after the fact as they choose. In practice, this mean unlimited sick leave.
- Leave policies are the same for all

*The University of Chicago, (Carole DeMack" [carole@delphi.bsd.uchicago.edu](mailto:carole@delphi.bsd.uchicago.edu))*

- Full time faculty receives 4 weeks of paid vacation per year.
- Notification & discussion with section chief or departmental chair to ensure all duties are covered (Clinical, teaching and service, etc. )
- Policies are full time salaried, benefit eligible faculty & other academic staff, years of service, rank, and age generally don't influence. No policy variations.
- Vacation leave YES; sabbatical leave -- NO. This is only available for full time faculty at the rank of assistant professor or higher, after at least 3 years of full time service; sick leave -- YES;  
Professional consulting --- NO. This is only available for full time faculty.

*Janis Lotonerou <[jletou@lsuhsc.edu](mailto:jletou@lsuhsc.edu)>*

Our leave policies can be reviewed on the [lsuhsc.edu](http://lsuhsc.edu) web site, faculty handbook and policies. They are a little complicated as a couple of formulas can be chosen. Although there is an accrual system the end result once a steady state is reached is 1 day a month sick leave and typically 22 days a year for annual leave. Most departments have policies for advance approval and there are variable departmental policies on professional/meeting or congress leave. We do track leave, but some faculty are better than others in reporting it and we are now very good at this (PeopleSoft). All faculty regardless of rank/track are treated the same.

Unknown Author

- Number of days allowed annually for vacation (3 weeks during first 5 years of employment, 4 weeks 5 years and beyond. And professional leave (10 days, departmental policy, not institutional). Requirements for advance approval/notification. (45 calendar days prior to leave. Provision waived for emergencies and special circumstances, at the discretion of the chair.)
- Limitations on personal consulting and how time way for personal consulting is charged to leave time All income is credited back to the department .
- Is sick leave separately defined and tracked? MD must use vacation days, no sick days provided. Once sick days exhausted, convert to short term disability.
- Are leave policies the same for tenured/tenure track, clinical track and research faculty? Yes.

## **B) Dual Appointments**

### **Query:**

At your institution, do you have clinical voluntary faculty who holds concurrent clinical faculty appointments at more than one medical school? For example, would a clinical assistant professor at a different medical school be eligible to hold the same appointment title at your medical school, or do you give adjunct clinical faculty appointments in this situation?

**Responses:**

Faiza Fawaz Estrup, <http://biomed.brown.edu/Faculty/E/deanestrup.html>

**Dual Appointments**

- Arizona College of Osteop. Medicine
- George Washington University
- Indiana University
- Morehouse School of Medicine
- Mount Sinai
- Tulane University School of Medicine
- University of Texas
- University of Texas Regents

**Adjunct Appointments**

- Boston University School of Medicine
- Drexel University (MCP Hahnemann University)
- Jefferson Medical College
- New York University
- Northwestern University
- University of Arizona Medical Center
- University of Massachusetts
- University of Michigan
- Weill (Cornell) Medical Center

**No Other Appointments**

- Dartmouth University
- East Carolina University (no nearby med. schools)
- Emory University
- Harvard University
- Louisville Medical School (no nearby med. schools)
- Penn State University
- University of Chicago

**C) Incentives to Recruit Women & Minorities**

**Query:** Valarie Clark, [vclark@aamc.org](mailto:vclark@aamc.org)

The AAMC Faculty Affairs program is looking for examples/models of any programs that provide recruitment assistance and/or financial incentives to recruit or retain women and minorities?

**Responses:**

Deb Boyd; [deboyd@umich.edu](mailto:deboyd@umich.edu)

- Loan repayment plan for minority faculty recruitment

Robert Borstein <[bornstein-2@medctr.osu.edu](mailto:bornstein-2@medctr.osu.edu)>

- As part of a campus wide initiative, Ohio State made funds available to departments for recruitment of under-represented minorities. This included funds for ongoing salary support as well as funding for start-up packages. In addition, the University has funds dedicated for minority faculty recruitment. These funds are for three years, and based on academic rank of the recruit (\$25K for assistant, more for advanced rank). We have been able to successfully compete for those funds as well.

Madgetta T. Dungy, Ph.D. <[madgetta-dungy@uiowa.edu](mailto:madgetta-dungy@uiowa.edu)>

- In 1996, here at The University of Iowa, a Diversity Endowment Fund was established to enhance the recruitment and retention of underrepresented minority faculty to the College of Medicine. It was created as a tool for encouraging and tangibly assisting Departments in appointing underrepresented minorities to the faculty. To date, funding from the Endowment has been used to provide significant start-up money to new faculty, especially in the area of research.

Ginny Beck <[GBECK@provost.uab.edu](mailto:GBECK@provost.uab.edu)>

- In response to your request for examples/models of any programs that provide recruitment assistance and/or financial incentives to recruit or retain women and minorities, attached is a copy of the Comprehensive Minority Faculty and Student Development Program (CMFSDP) for 2002-2003.

**D.) Career Progression**

**Query:** Russell G. Robertson MD <[rrdoc@mcw.edu](mailto:rrdoc@mcw.edu)>

Our interest is in career development as opposed to measurements focusing on clinical or research productivity. 1) Are there any institutions that have demonstrated success in such an effort? 2) In a literature search, I found little evidence that this has been studied - are there references that others might be aware of?

**Responses:**

Laura Schweitzer, Ph.D. ([lfschw01@louisville.edu](mailto:lfschw01@louisville.edu))

The University of Louisville's entire career progression, promotion and tenure system is built on such annual evaluations and work plans. The annual meeting with the Chair is seen as a development opportunity during which last year's successes and failures are discussed and goals for the next year are negotiated. If you would like to see how this is structured you could call me or access our document at <http://www.louisville.edu/medschool/facaffair/policies.htm>

## E.) Strategies to Balance Work/Life

### Query:

"What is the single most important change academic medical centers can adopt to help faculty balance work/life responsibilities?"

*Cheryl Coffin <PCCCOFFI@ihc.com>*

- This is a very complex question. It boils down to several principles, as I see it. First, at the time of recruitment, making sure that the candidate and the institution are a good fit professionally and culturally. Second, promoting balance as an important organizational value and working to achieve that culture. Third, recognizing that many different people with different abilities and strengths are needed for a successful group or organization and finding ways, including mentoring, to help them optimize their talents. I recommend that faculty members schedule family/spouse/significant other time, the same as we schedule other important events, on personal calendars each week. Also, institutions should seriously analyze the number and types of committees on which faculty members serve (and perhaps train all committee chairs on holding effective meetings).

*Richard F. Minicucci, M.H.A., J.D. <RMinicucci@nixonpeabody.com>*

- My close professional contacts--cultivated by my having consulted with and represented hundreds of residency training programs, academic medical centers, and medical schools--almost uniformly suggest the crying and heretofore unquenched need for more efficient computer-based management and reporting models tailored for academia and specifically, graduate medical education. The ACGME's burgeoning demands for greater accountability, enhanced reporting obligations, and better information, blended with its new focus on competency-based education, places inescapable and vexing burdens on over-worked faculty and graduate medical education professionals. An integrated computer-based management program tailored to the ACGME standards and for faculty and graduate medical education professionals (currently under development by the undersigned), will enhance, facilitate and make more efficient: the evaluation process, data gathering, report generation, scheduling, ACGME Program Information Form completion, ACGME Institutional Review Document Form completion, etc. Bottom line for faculty and GME professionals--less work, better quality products and more time to enjoy life.

## F.) Terminating Faculty

**Query:** N. Kevin Krane, [kkrane@tulane.edu](mailto:kkrane@tulane.edu)

We are trying to collect information regarding re-appointment procedures for non-tenured faculty. Currently at Tulane, non-tenure track clinical faculty are appointed on an annual basis. We are addressing the issue of how much notice one must give these faculty if they are not re-appointed, i.e. is 6 months, 3 months, etc. appropriate?

**Responses:** For a full report of school termination policies contact:  
N. Kevin Krane, MD, FACP kkrane@tulane.edu  
Professor of Medicine 504-585-6191  
Vice Dean for Academic Affairs Fax: 504-988-6705  
Tulane University School of Medicine  
1430 Tulane Avenue, SL-95  
New Orleans, Louisiana 70112

### **G.) Basic Science Contracts**

**Query:** Paula D. Harper <mcapdh@gwumc.edu>

For several years we have hired our new basic science faculty on a "2-tier" contract which has a defined (guaranteed) base and an additional supplemental component based on NIH (full indirect cost recovery) research funding. I would be interested in knowing if any schools have defined specific salary structures for their Basic Science faculty that incorporate multiple components - one or more of which could be at risk regardless of tenure status. If those policies are accessible via your web pages it would be extremely helpful.

### **H.) Partner Benefits**

**Query:** Gayle D. Pipes <Gayle.Pipes@hsc.utah.edu>

Do you have partner benefits at your institution? If so, could you send me the name of a contact person or send me a website address so I can find out what they are and how they were put in place? Any help you provide will be greatly appreciated as I have been assigned the task of finding out what other institutions across the country are doing for partnered couple and same sex couple benefits.