

LSOM Academic Staffing Ratio Analysis

Presented by Richard Nuttall, MBA
VP & Vice Dean for F&A
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UT Health
San Antonio



UT San Antonio™



- September 2025, The UT San Antonio (UTSA) and The UT Health Science Center at San Antonio (UT Health) merged for a combined \$2.2 billion annual budget.
- A nationally ranked academic health sciences institution with six schools, a health care system, and a health-related research enterprise including 5 National Institute of Health (NIH)-funded centers.
- 3rd largest research university in the state of Texas.
- **The university's first hospital, the \$471 million UT Health San Antonio Multispecialty and Research Hospital, opened in December 2024.**
- Is one of only five institutions with National Institutes of Health (NIH)-funded DDS/PhD and MD/PhD programs.
- **Offers 60 patient care sites serving a 32-county service area and expanding each year.**
- There are currently 520 active clinical trials studying diseases including aging, cancer, Alzheimer's and brain diseases, mental/ behavioral health, oral health and dental disciplines, diabetes, and many others.
- The clinical practice of the Long School of Medicine, comprises the largest medical practice in Central and South Texas.

42,200

Total Enrolled
Students
15 School/Colleges

320

Academic
Programs

18,000

UT Health: 4,000
faculty and 1,400
healthcare
providers

\$486M

Sponsored
Program
Awards

2.8M

Patient Visits
per Year

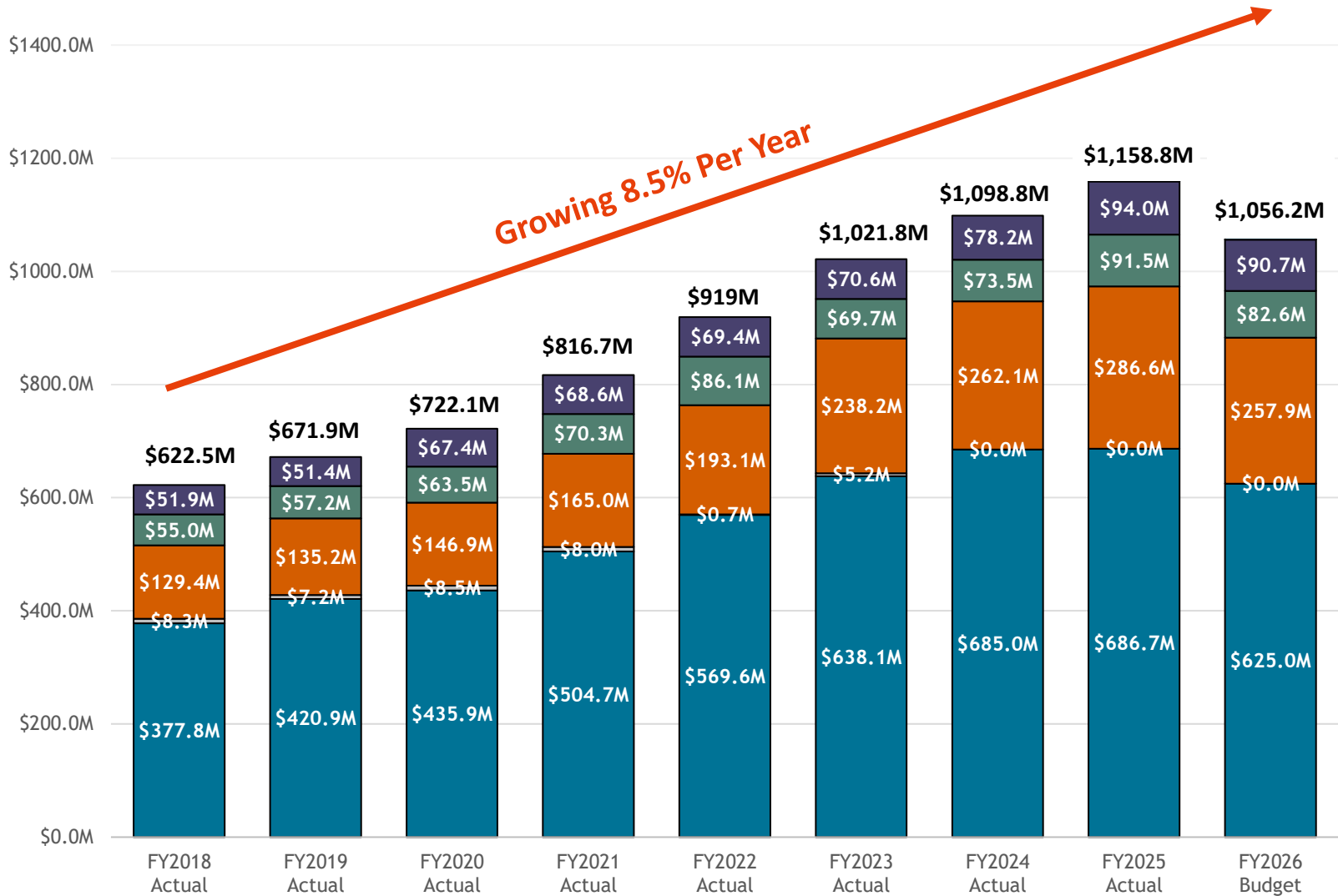
\$1.15B

Endowment

120

Healthcare
Specialties and
Subspecialties

LSOM's Annual Revenue Growth



■ Practice Plan
 ■ South Texas
 ■ Grants & Contracts
 ■ Gifts, Interest, & Other
 ■ State
 ■ HOPD

If you've seen one Medical School...

...then you have seen only one medical school

Work began before COVID to centralize, professionalize, standardize many of the administrative functions. Due to COVID and financial challenges, staff primarily filling these functions were centralized.

What is centralize?

- Clinics staff (practice plan)
- Coders/revenue cycle (practice plan)
- Credentialing (practice plan)
- Pre-award and post-award
- HR (staff) transaction processing
- Faculty transaction process
- Financial transaction processing
- Information technology
- Marketing

The situation...

After the Centralization of several administrative functions, we had a sense that some departments were impacted greater than others.

Meaning...some departments were bare bones staffed, while others had more than enough.

As we began FY25 budget preparation, because of several major investment requirements, the school had to go through **budget cuts** - said differently, margin improvement plans.

To accomplish this, we reviewed both revenue and expense opportunities.

However, we did not want to further reduce the “bare bones” departments, but we needed a data driven method of assessing departments’ staffing needs.

**And so, the staffing ratio
analysis was developed**

Development of the Staffing Ratio

Step 1

We know there was not a standard out there that would be aligned with our instructions specific structure... so we build our own staffing ratio model, based upon on our departmental averages.

First step...we define the broad staffing functions or categories of work left in the department...

...then categorized every single staff title into one of these 8 groupings. As you can imagine, many fall into the “admin/other”.

Core (Admin / AA)

Financial/Budget

Admin/Other

GME

UME

Research

Trainees

Clinical

Main Drivers of Workload

Then we had to define metrics that we believed correlated with workload.

Core (Admin / AA)

Every dept gets credit for an administrator and a lead administrative assistant

Finance/Budget

Total department annual operating expenses

Admin/Other

Total faculty FTE (funded within the department)

GME

ACGME requirements; if no ACGME requirement we used resident/fellow count

UME

All clerkships get credit for one, plus Module/course director count

Research

Total annual grants/clinical trial expenses

Trainees

Trainees should be externally funded

Clinical

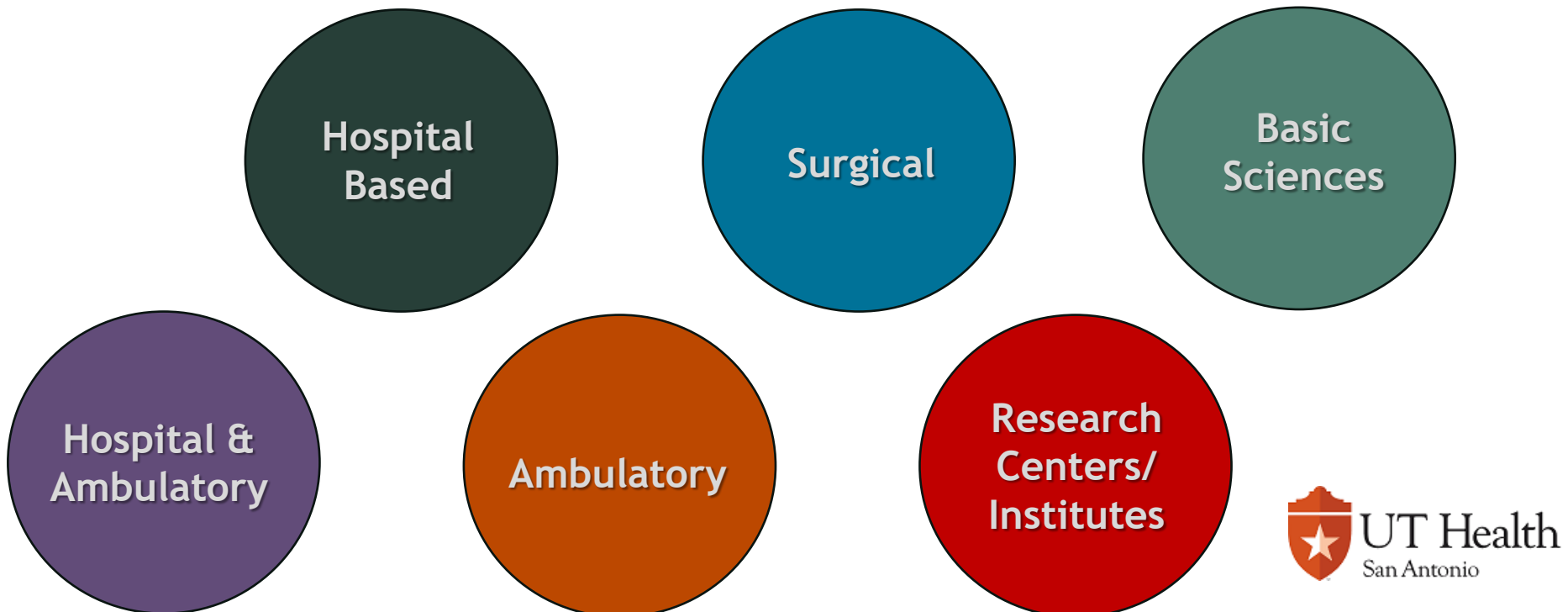
All clinic staff should be funded through the practice (we have a separate benchmarked staffing analysis for clinics)

Define Ratios Using Actuals

Next...once we started to review the ratios, it was clear that many of our departments have **very different needs** within general administration, education, and research.

To help recognize differences in operations, size and complexity we **grouped similar type of departments together.**

We saw much more alignment once we did this.



Putting it All Together

LSOM Staffing Ratio Analysis

Clinical Departments	TOTAL Over/ (Under) Staffed	Core Staff + Admin + 1.0 Assit to t				Financial/Budget Staff Total Operating Expenses (excl IDC)				Administrative Support Faculty Count				GME Support Resident & Fellow Count					
		# FTE	Target	Diff		# FTE	Metric	Target	Diff	# FTE	Metric	Target	Diff	ACGME # FTE	Non ACGME # FTE	ACGME Metric	Non ACGME Metric	Target	Diff
Hosp & Ambulatory	13.23	1.75	2.00	(0.25)			1.12	0.78			3.17	0.07		-	-		1.25	1.75	
	22.35	4.00	2.00	2.00			9.53	0.47			3.90	2.30		-	-		-	0.15	
	8.75	3.00	2.00	1.00			8.12	0.24			21.95	2.26		2.00	9.25		(0.40)		
	5.87	2.00	2.00	-			1.46	(1.46)			3.09	(1.09)		-	1.30		0.70		
	1.46	2.00	2.00	-			2.61	(1.11)			4.34	(1.49)		-	2.00		-		
	2.15	1.10	1.10	-			0.65	(0.05)			1.49	0.51		-	-		-		
	7.53	1.95	2.00	(0.05)			4.44	3.16			8.36	1.09		-	3.60		(0.60)		
	13.33	1.75	2.00	(0.25)			2.85	(1.46)			8.25	(2.20)		-	2.88		1.12		
	(1.18)	2.00	2.00	-			0.46	(0.36)			1.30	(1.30)		-	1.20		0.80		
Group Totals	73.50	19.55	17.10	2.45		31.76	\$ 375,091,187	31.26	0.50		56.00	726.17	55.86	0.14	25.00	515.00	2.00	21.48	3.52
Group Ratio							\$ 11,810,176					12.97					20.68		
Target							\$ 12,000,000				13.00						15.00		

LSOM Staffing Ratio Analysis

Clinical Departments	TOTAL Over/ (Under) Staffed	UME Support Module/Course Director				Research Staff Grant & Clinical Trial Expenses				Trainees				Clinical Staff		
		# FTE	Metric	Target	Diff	# FTE	Metric	Target	Diff	# FTE	Metric	Target	Diff	Non UTHP	UTHP	Total FTE
Hosp & Ambulatory	13.23			2.13	(0.13)			0.32	0.01				-			38.96
	22.35			-	-			3.04	1.54				9.89			118.90
	8.75			6.38	(3.38)			4.64	0.57				3.37			226.72
	5.87			-	1.00			0.47	1.63				1.99			69.20
	1.46			0.38	0.63			1.33	3.04				0.40			133.60
	2.15			-	-			0.00	(0.00)				-			18.92
	7.53			1.25	1.75			1.02	1.18				-			76.40
	13.33			0.38	0.63			4.23	0.97				9.98			52.90
	(1.18)			0.25	(0.25)			0.06	(0.06)				-			40.65
Group Totals	73.50	11.00	86.00	10.75	0.25	23.99	\$ 75,647,684	15.13	8.86	25.63	-	-	25.63	32.15	388.12	776.25
Group Ratio							\$ 3,153,301									
Target							\$ 5,000,000			1.00						

Important Principles...the fine print

- This allows us to evaluate staffing difference by category, not just in total
- Automated so we can update monthly with a few clicks
- The staffing ratio tool is only used as a guide - categories and ratios are not perfect
- The tool does NOT evaluate cost!

The staffing ratio model excludes staff funded from:

- Grants and contracts
- Special programs (externally sponsored)
- Gifts and Endowments
- Dean's Commitments

Breakout Questions

1. Does your School use ratios, benchmarks, standards for staffing within functions or in total? If yes, share.
2. Has your total staff grown/shrunk in harmony with the volume of work? If not, how as your School kept pace? Has this impacted staff morale?
3. Do you have staffing equity across all of your departments/units? If yes, how have you accomplished it? Does this impact morale?