Recognizing >1.0 cFTE: Incentive or Necessity?

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Purpose

National data tracking Radiologist productivity has shown continuous year-over-year increases due to multiple factors. In academic practices, faculty may have clinical FTE (cFTE) adjustments due to funded research, administrative roles or elective time reductions, however may also be incentivized or required to engage in additional clinical work to meet demand. However, national registries do not account for effort greater than 1.0 cFTE. This study reviewed faculty productivity data at a single academic medical center to define the extent of effort above cFTE-adjusted target.

Methods

A retrospective review was performed of the past 3 years of faculty RVU productivity. Faculty cFTE was determined based on funding sources and any elective time reduction or adjustment due to partial-year due to recruitment or separation. Non-funded academic time, teaching and service did not impact cFTE calculation. Productivity targets were based on the subspecialty AAARAD imputed median, adjusted for cFTE, for individuals and subspecialty sections.

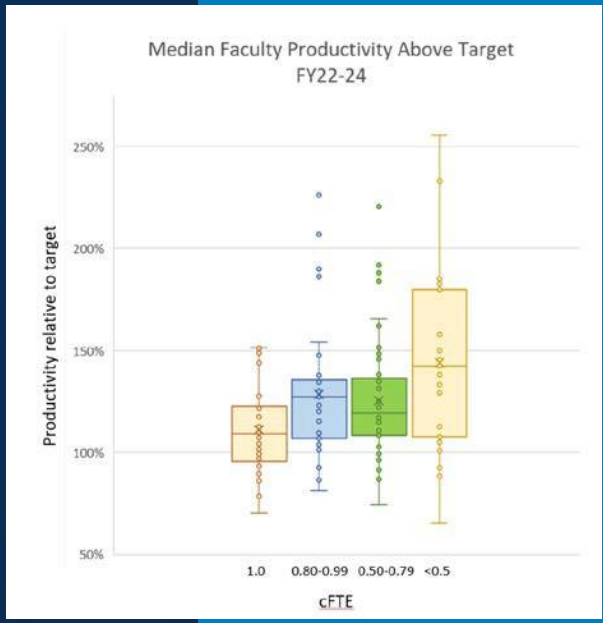
Results

From FY22 to FY24, the total number of faculty remained similar at 44-46 (44-46% female), while the total cFTE increased from 34.3 to 39.7. Median cFTE remained similar from 0.78-0.80, with range of individual cFTE from 0.1-1.0. The number of 1.0 cFTE also remained similar at 20-22% of total faculty.

In aggregate, faculty covered an additional 23 – 24% of volume above targets in each year, the equivalent of an additional 1.6-1.9 annual cFTE based on specialty targets.

Annually, 75-85% of faculty had productivity exceeding targets, with the median individual work above target at 23% in FY22, 33% in FY23 and 23% in FY24.

Across the 3 years surveyed, the median work above target was:
9% for 1.0 cFTE
27% for 0.8-0.99 cFTE
19% for 0.5-0.79 cFTE
42% for faculty <0.5 cFTE (see Figure).



Conclusion

Inflation in national productivity data may be compounded until there is a way to accurately capture incentivized or required clinical work above cFTE to meet the continued increased demand for diagnostic imaging and image-guided procedures. Tracking by cFTE may not be a reliable reflection of clinical effort, and may further contribute to error with imputing calculations

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