



# Distribution of Effort (DoE) Faculty FAQs (5/5/2026 version)

The goal of this document is to provide School of Medicine (SOM) faculty answers to the commonly asked questions regarding Distribution of Effort (DoE).

## The Why, When, Who?

- **Why are we doing this?**

Historical reliance on individually negotiated compensation and inconsistent methods of accounting for faculty time has resulted in a system that is neither transparent, equitable, predictable, or scalable. Establishing a standardized approach is essential to support the growth of clinical services, GME, and UME.

At the individual faculty level, this work is intended to ensure that similar roles are credited consistently across departments (e.g. same FTE for clerkship directors), and effort, productivity, and compensation are aligned using nationally recognized benchmarks. The goal is to move away from individualized arrangements toward a uniform, equitable framework that provides clearer expectations and more consistent incentives.

Faculty have asked whether this change may unintentionally penalize education. Historically this work has been carried informally and unevenly across departments. This model establishes defined roles and benchmarks so that teaching effort is explicitly accounted for – not assumed or absorbed in undefined time.

- **Why are we doing this now?**

We are an institution that values fairness and equity. The intent is to ensure that effort is defined consistently, contributions across missions are visible, and expectations are applied in a way that is transparent, uniform, and equitable across the SOM. These changes allow UNM to be nimble, scaling to future needs. Meaningful changes of this scale require advance planning and phased implementation; this work began last summer with multiple meetings with each department to where we are now.

Faculty have expressed concern about the pace of implementation. This process is iterative and does not end when this first round is implemented, and leadership recognizes the importance of ongoing refinement, feedback, and adjustment as additional data are collected and roles are more fully defined.

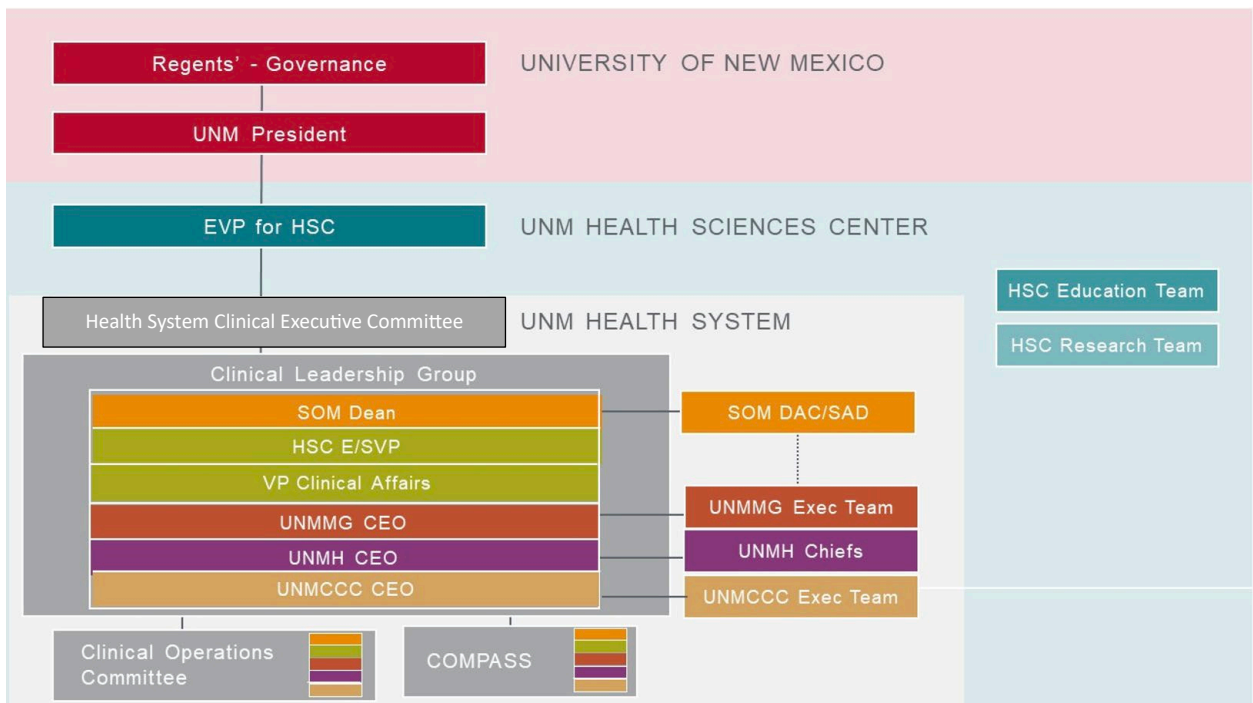
- **Who will be included in this change?**

While we are starting with the clinical faculty (MD, DO, and MSSB) in the SOM, this is going to roll out to all faculty in the SOM as well as the entire HSC. Subsequent SOM iterations will include other clinical faculty, PhD, and Health Professions Programs (HPP) faculty and eventually staff. The staggered approach is to

thoughtfully incorporate vastly different benchmarks, accreditation standards, curriculum, philosophies of time allocation, and funding streams.

We are starting work on PhD and HPP faculty now by gathering data and defining work roles, we will be asking for faculty input into those areas in the near future.

- **Who is leading this change?**



We are aligning leadership across the HSC and SOM to ensure integration and collaboration. Within this alignment, we have the Clinical Leadership Group (CLG) and the Compensation Oversight, Modeling, Planning and Strategic Support (COMPASS) Committee. CLG is comprised of leadership from SOM, HSC, UNMMG, Cancer Center, and UNMH working together to address issues affecting our clinical enterprise. COMPASS has the same stakeholder groups and additionally has 3 department chairs. COMPASS provides governance as work aligns with established benchmarked standards. CLG/CEC serve as decision-making bodies, and final authority resides with the EVP.

<b>Health System Clinical Executive Committee</b>	
Michael Richards, EVP of the UNM HSC/CEO of the UNM Health System	
TBD, VP of Clinical Affairs	
Patricia Finn, Dean of the SOM	
Kate Becker, CEO UNMH	
Rebecca Napier, VP Finance and Administration of the HSC	
<b>Clinical Leadership Group</b>	<b>COMPASS</b>
Kate Becker, CEO UNMH, Chair	Rebecca Napier, VP Finance, Chair
Patricia Finn, Dean, Vice Chair	Donna Sigl, SAD OFACD, Vice Chair



Michael Richards, EVP	Betty Chang, SAD Clinical Affairs
Yolanda Sanchez, CEO UNM Cancer Center	Steve McLaughlin, CMO UNMH
Christ Arndt CEO UNMMG	Bonnie White, CFO UNMH
Rebecca Napier, VP Finance HSC	Rohini McKee, CQO UNMH
Steve McLaughlin, CMO UNMH	Jared Udall, CFO UNMMG
Betty Chang, SAD Clinical Affairs	Kristin Gates, CFO SOM
	Rodney Martinez, CFO Cancer Center
	Rachel Rodriguez, Exec. Dir. Clinical Finance and Business Systems, HSC
	Joseph Wrobel, Chief Budget Facility Officer, HSC
	Jason Galloway, Chief Financial Services Officer, HSC
	Loretta Cordova de Ortega, Chair Pediatrics*
	Sharmila Dissanaikie, Chair Surgery*
	Nancy Joste, Chair Pathology*

\* Chairs are appointed for 2-year terms

- **What does success look like?**

Faculty have specifically asked how success or failure will be measured. Retention recruitment, mission sustainability, equity across departments, and workforce well-being will be key indicators reviewed over time.

Success is also reflected in a model that brings greater clarity and discipline to how educational, research, and clinical effort are defined, measured, and supported. By establishing defined roles, improving visibility, and anchoring expectations in benchmarks, it ensures not only equity and transparency, but also a more rigorous and consistent approach across departments.

## Faculty Engagement

- **How can faculty learn more about DoE?**

Communication about the DoE initiative is occurring at multiple levels, and there are several avenues available for faculty hear more about the DoE including SOM Town Halls, SOM Q&A sessions, and Department faculty meetings. Faculty are encouraged to direct questions to their Department Chair or with a supervisor, who can bring questions forward on their behalf. Questions may also be sent to [SOMDean@salud.unm.edu](mailto:SOMDean@salud.unm.edu).

HSC Communications is developing a webpage to make the DoE accessible to our community.



- **What opportunities will faculty have to provide input?**

The School of Medicine will be holding question-and-answer sessions, and Faculty are encouraged to attend. The Department Chairs and Department Administrators can also bring forward faculty input to leadership. Faculty input is essential as we continue this iterative process of fine-tuning FTE allocations.

## **FTE Structure, Academic Time, and Education**

- **Are we moving to a 90:10 model?**

No. This work is intended to support an average School of Medicine effort distribution of approximately 70:30 - 70% clinical time and 30% devoted to administrative, research, and education activities – compared with our current average of about 61:39. At the School level, this approach strengthens financial sustainability while clearly preserving protected time for the education and research, which remain central to our mission.

Individual faculty distributions will vary by allocated roles. Some faculty positions will be predominantly clinical, faculty with defined, allocated responsibilities (CARE roles) will have proportionally less clinical time so that those contributions are explicitly recognized and supported. This is not a mandate that every faculty member be 70:30 nor is it a shift to a universal 90:10 model, although some individuals will be 90:10 based on their responsibilities.

Unlike traditional 90:10 models, faculty in this framework have opportunities to obtain CARE allocated roles with protected time for education, research, administration or leadership. Because academic and educational work is intended to be supported through defined, benchmarked allocations rather than assumed outside of clinical care, this framework is not characterized as a 90:10 model.

- **What is CARE (clinical/administrative/research/education) allocated time?**

CARE time is allocated time based on defined roles with FTE benchmarked to peers. Benchmarks are based on the mission area, for some it is based on the role, for others it is allocated to the Department to be allotted to specific roles.

- **What is Academic Time?**

Academic Time is the portion of a faculty's FTE that is allocated in addition to CARE time to faculty with higher cFTE. It supports mission-driven, promotable activities that are important to the School, but may be smaller in scale, occur less frequently, or require fewer hours than formally allocated CARE roles. The Department Chair may assign specific responsibilities to be completed during Academic Time. Overall, Academic Time is intended to provide protected space to pursue this important work



- **How will the model ensure adequate time for education?**

Many of the UME and GME education roles, e.g. Doctoring and Program Core Faculty roles, that have historically been included within the 80:20 effort model are being more clearly defined as CARE allocated roles. This change is designed to recognize these contributions more explicitly and provide faculty with clear opportunities to obtain protected time by taking on a defined role. Faculty without formal titles but who contribute meaningfully to teaching will continue to be valued. The iterative work examining roles, including education roles, is integrated into the framework of the DoE.

- **Why is academic time tiered?**

Academic time is tiered to ensure equity in protected, non-clinical time relative to overall clinical commitment. Faculty with higher cFTE have fewer built-in non-clinical hours and therefore received dedicated academic time to support essential academic, educational, administrative, or scholarly work outside of direct patient care. Faculty with lower clinical FTE typically already hold substantial, explicitly allocated non-clinical CARE roles, and time for additional mission-driven activities generally incorporated within these defined allocations rather than through separate Academic Time.

Leadership understands faculty concerns about the potential loss of protected time – particularly for teaching. The intent of this structure is not to diminish the academic mission, but to support it more transparently by shifting critical work into clearly defined, benchmarked CARE roles. This approach is designed to ensure that academic expectations remain achievable within assigned FTE and that teaching, mentorship, and leadership are appropriately recognized and supported rather than relying on unfunded or informal effort.

- **How will DoE work impact promotion for faculty?**

Promotion criteria are not changing. The DoE work is intended to provide greater clarity and structure around how faculty time is allocated.

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Department Chairs also retain discretion to allocate research time based on the department's overall research portfolio, allowing faculty to receive protected time for promising projects.

## **Faculty Recruitment and Retention**

- **How will SOM address workforce retention?**

UNM SOM has long relied on its mission to attract and retain faculty, and this will continue to be a core strength of the institution. DoE work will promote



transparency, equity and consistency for faculty, not only in the work they do, but the potential compensation associated with that work. With DoE work we will move onto a data-driven compensation plan which more closely align effort, productivity, and compensation with nationally recognized benchmarks.

Faculty concerns about recruitment and retention are acknowledged. The School of Medicine will continue to closely monitor faculty recruitment and retention.

## **Compensation Structure and Financial Model**

- **Are we moving to an RVU-based compensation model?**

No. We are keeping our Base + Supplement + Incentive framework. We are aiming for a floor total compensation of the AAMC 25<sup>th</sup> percentile. Clinical faculty, who exceed productivity benchmarks may be eligible to earn productivity-based incentives based on individual or group productivity. For departments that have them, current clinical incentive structures will remain in place in July, but a new incentive SOM structure will be determined in the next academic year.

We are also examining a productivity-based incentive for other mission areas, such as research and education. This structure has not been determined yet.

- **Which benchmark is being used for salary comparison?**

Our goal is to use the current AAMC compensation benchmarks. For specialties that do not have a AAMC benchmark, COMPASS will provide guidance with stakeholder and Departmental input as to which benchmark to use.

- **What institutions are considered “equivalent,” who are we being compared to?**

We are currently using the Vizient productivity benchmarks which includes several state schools across the US.

See above for Compensation benchmarks.

## **Clinical Workload**

- **What is 1.0 cFTE?**

A standard 1.0 cFTE represents a full clinical workload that is specialty-specific and aligned with national productivity benchmarks. Many specialties have guidance for standard work; some like critical care are well defined, but for others, granularity and limited sample size vary significantly. It is up to each Chair to manage the clinical work distribution to ensure clinical needs are met.

Each specialty must follow peer-standard definitions of standard work to be able to make comparisons to RVU benchmarks. Therefore, 1.0 cFTE definitions are specialty-specific and need to account for all types of work within the specialty



including call, non-face-to-face work, shifts, clinics, etc. In this capacity DoE functions as a management tool to assist Chairs and the School to ensure this work is managed in a transparent, uniform, and equitable manner.

- **How will systems issues that impact faculty productivity be addressed?**

As DoE projections are finalized, the clinical delivery system (UNMH, UNMMG) will assess space, staffing, scheduling and operational alignment and efficiencies to support productivity consistent with benchmarks. Leadership will continue to optimize throughput and efficiency and minimize bottlenecks. Workforce constraints will be monitored in parallel with productivity standards.

### **Closing note:**

The DoE framework represents a shift toward making faculty work more visible, more consistent and standardized, and more transparent across the School of Medicine. Leadership understands that change can create uncertainty, and faculty concerns are both expected and valid. Importantly, this work does not reflect a reduction in our commitment to education, research, or the academic mission. Faculty effort has always been distributed across these mission areas through existing structures such as the FIBCI; what is changing is the level of visibility, consistency, and benchmarking applied to that work. This framework is intended to strengthen our commitment by ensuring that education, mentorship, research, and service are clearly defined, appropriately supported, and no longer reliant on informally allocated or “hidden” time.

DoE is designed as an evolving framework, not a final product. Its purpose is to bring greater transparency, equity, and consistency to how faculty work is defined, supported, and compensated. As roles are more fully cataloged, benchmarks refined, and funding aligned, adjustments will be made to better reflect the real work being done by our faculty. Faculty input is central to this process and will continue to shape its direction. Leadership remains committed to open dialogue, transparency, and thoughtful course correction as we move forward together.