

# Negotiating With Your Chair

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# Overview

- ▶ Your approach and strategies to consider
  - ▶ Special topics (start up)
  - ▶ Q&A
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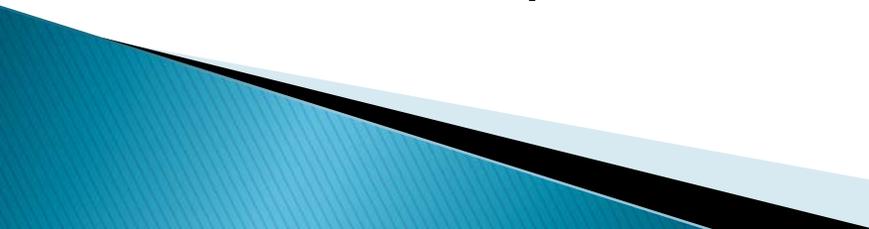
# Have a good approach

- ▶ Know what your rights are
    - Faculty Handbook is explicit, helpful
  - ▶ Prepare – don't go in cold
  - ▶ “Getting to Yes” – Fisher & Ury
  - ▶ “Getting Past No” – Ury
  - ▶ *‘the art of letting the other person have your way’*
  - ▶ Find ***shared interests***; the other party's position/response is virtually always based on their interests.
  - ▶ The trick is to frame your interests in terms of the interests of the other party.
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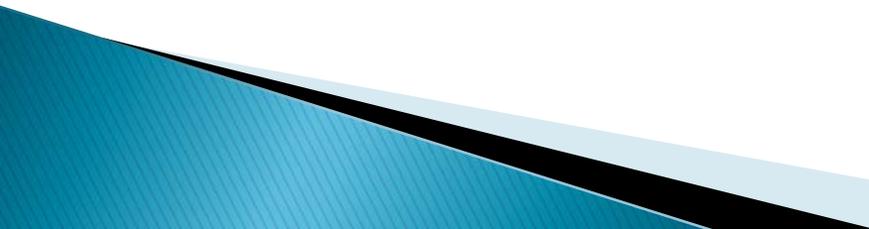
# Strategies for success

- ▶ Make sure you know the facts
  - How sure are you that you're underpaid? Working hardest?
- ▶ Pick your battles
- ▶ Beware of being tyrannized by principles
  - Taking a partial yes is pragmatic
- ▶ Have a strong sense of your bottom line
  - What is/not negotiable
- ▶ Know your "BATNA" – best alternative to negotiated agreement
  - The best you can do if the other person refuses to negotiate with you ("You want what? Go jump in a lake!" – then what?)
  - If what you are offered is better than your BATNA, you should take it.
  - So: figure out a good BATNA; it will make you a better negotiator

# More on BATNAs

- ▶ Coming up with options
    - Make a list of actions you might conceivably take if no agreement is reached
    - Follow up on some of the more promising ideas, trying to convert them into practical options
    - Then pick the one that seems best. That's your BATNA.
  - ▶ You should also consider your Chair's alternatives
    - What are his/her options?
    - How can you make his/her options more difficult?
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# Strategy and Perceptions

- ▶ Perceptions are rarely shared phenomena.
    - Also: not facts
  - ▶ Once a set of interests (money, effort, leadership position, department/clinic needs) are identified as on the table:
    - Listen to the other party's perception of the interests
    - Will provide clues to where s/he might be willing to negotiate.
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# Negotiation Errors

- ▶ Assuming things about the other party
    - Usually negative
  - ▶ Cornering the other party
  - ▶ Issue fixation
  - ▶ Confusing authority and power
  - ▶ Talking too much
    - “some of the best negotiating you’ll ever do is when you’re not talking”
  - ▶ Failing to appreciate the nature of the other party’s interests
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# Saying “No”

- ▶ Sometimes you’ll be asked to do something you are not inclined to do – admin role, etc.
- ▶ Consider time commitments, contributions to your advancement
  - Is there a discrepancy between your view of your future path and your chair’s?
    - Again – identify your interests and Chair’s
  - If something is a “stop-gap” to cover salary, what is the path for ending it?
- ▶ If you actually say “yes” instead – make sure you are getting recognition/credit

# Special Topics: Salary

- ▶ Prepare
  - AAMC data: specialty, rank, region of the country
- ▶ Understand interests
  - What is the Chair trying to accomplish? What are his/her priorities?
  - How do those priorities align with your services?
- ▶ How does the Chair perceive your contribution to the missions of the department?
  - May be very different from yours; if so, try not to take it personally
- ▶ Negotiate with the Chair or Chief. Admin can present it but if you disagree insist on talking with your boss.

# Calculating RVUs and FTEs

	cFTE	FY 17 wRVUs	FY18 wRVUs	%UHC
Physician 1	0.25	1456	1519	65%
Physician 2	0.25	1177	1740	65%
Physician 3	0.25	928	1872	65%
UT Southwestern	0.25	1125		65%
UAB	0.25	1100		65%
Pitt	0.25	900		50%
SE UHC avg	0.25	1204		65%

Based overall on reaching 65% of regional average wRVUs for academic institutions in Southeast and overall salaries to be at the 50%.

# How to Proceed/Negotiate

- ▶ Know if your division/department is an all in wRVU model or an individual wRVU model.
- ▶ Determine what cFTE you are based on buydown for grants, administrative duties, teaching etc.
- ▶ Find out what the UHC RVUs are for your subspecialty (available on the web).
- ▶ Find out what the salary benchmarks are for your position/subspecialty taking into account your years in rank–i.e. a first year Assoc Prof will not make the same as a six year Assoc Prof– remember the overall goal/average for the College of Medicine is 50%.
- ▶ Can then negotiate salary and wRVUs.
- ▶ Zs are up to the Chair.
- ▶ As far as I know, there is no negotiations for Zs.
- ▶ If you are VA paid as well it is a black box. 1.5 FTE

# Non clinician researchers

- ▶ The draft compensation plan for basic science departments is completed and has been presented to the Chairs and Business Admin.
- ▶ It will be presented to a Faculty Forum group on Monday for later release for the faculty as a whole.
- ▶ Rumor mill (i.e. potentially fake news) is that tenure track faculty will be expected to bring in 65% of their salary from grants/ teaching/ admin and other money generating enterprises.
- ▶ Rumor mill is that the expectations of research non clinician faculty in clinical departments will have the same guidelines and expectations.
- ▶ ? For those over the 65% mark, is there an incentive award.
- ▶ Non tenure track faculty need 100% of their salary covered by grants/teaching etc.
- ▶ Negotiations will revolve around actual salary (again 50% average of UHC salary marks) and what % grant support is expected.
- ▶ How Zs are awarded will be Department specific.

# Special Topics: Salary

- ▶ Reality of today's financing system:
  - There is no hidden pot of money to cover salaries
  - Educate yourself on how salaries are calculated
  - Read your contracts carefully and understand it
  - The more you contribute to multiple missions within the department, the more value you have
    - “Two-fer” or “Three-fer”
- ▶ Opportunities for major salary increases
  - Promotion/additional responsibility (not a guarantee)
  - Major achievement (not simply ‘doing a good job’)
  - Having other opportunities (i.e., competing offer)
    - Beware – it may be okay with them if you leave

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GOALS OF FACULTY MEMBER

ADDITIONAL GOALS SET FORTH BY CHAIR

I. Teaching Activity

I.

II. Research/Scholarly Activity

II.

III. Patient Care

III.

IV. Institutional Activity

IV.

V. Professional Growth

V.

VI. Other

VI.

## FACULTY PERFORMANCE EVALUATION

Medical University of South Carolina

Faculty Name: \_\_\_\_\_

Evaluation of Mutually Agreed Upon Goals	Rating Scale											
	Faculty Evaluation						Chairman's Evaluation					
	Not Applicable	Unacceptable	Marginal	Satisfactory	Very Good	Outstanding	Not Applicable	Unacceptable	Marginal	Satisfactory	Very Good	Outstanding
I.												
II.												
III.												
IV.												
V.												
VI.												

Faculty Members Comments: \_\_\_\_\_

Evaluator Comments: \_\_\_\_\_

\_\_\_\_\_  
Faculty Member      Date

\_\_\_\_\_  
Evaluator      Date

\_\_\_\_\_  
Dean      Date

# Today's Academic Environment

- ▶ Old Margins are vanishing or gone
  - State support is split 50/50 research and teaching– none for clinical care
  - Clinical revenues are shrinking so there is very little left to cover research and education costs.
  - More and more there is separation of the clinical enterprise from the medical school even though we are one
  - Clinical trials are not the money makers they once were
  - Clinical Assessments of productivity are based on RVUs and FTEAll compared to regional guidelines.
  - NIH and Federal support for research is down 35%. One RO1 is not enough

# What to do?

- ▶ We can feel sorry for ourselves and blame administration
  - ▶ We can leave for “greener pastures”
  - ▶ Be creative
    - Forge new partnerships with industry– market yourself– work with the industry liasons
    - Form new collaborations/teams– if you’re a clinician– find a basic scientist; vice versa
    - Become active in seeking philanthropic support– some of your patients may be able to help
    - Become an advocate at the state and national level
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# Special Topics: Start Up

- ▶ Transitioning to faculty from fellowship, or transitioning to independence
  - It's appropriate to negotiate start up
  - Likely you will only get to do it once
- ▶ Other questions?