

Consulting Management Committee  
UCHC Request for Action #11

**Date:** May 3, 2010

**Submitted by:** Scott Wetstone, Director of the UCHC Faculty Consulting Office

**Description of Issue**

Recruitment and retention of faculty within schools of dental medicine have become more difficult over the years due to a growing disparity between the compensation earned by private practitioners and those working in academe. In many cases, students graduating residency programs immediately earn more than their faculty mentors.

One approach to closing this gap is for dental school faculty to earn supplemental compensation through clinical activities. The net revenue from billed services is the source of this supplementation.

Such revenues may be derived from the school's own faculty practice or by allowing faculty to engage in private practice opportunities. The latter is permitted at some US dental school, e.g. University of Washington. In the case of UCHC, the operating costs of the Faculty Practice are such that it cannot currently generate sufficient margin for significant additional support of faculty salaries. In large part, this problem stems from the high proportion of specialists among the faculty whereas a more successful faculty group practice would require a higher proportion of generalists.

A proposal has been made to allow selected full-time UCHC SODM faculty to engage in private practice in order to enhance their total level of compensation. Since the normal expectation is that all SODM clinical faculty spend one day a week (20% effort) in providing clinical services, this time would be available for such private practice in lieu of working within the Faculty Practice.

Article IV. M. of the Bylaws of the University of Connecticut prohibits full-time faculty from engaging in private practice. ("Nothing herein contained shall be construed as authorizing any private practice by any full-time member of the faculty of either the School of Medicine or the School of Dental Medicine.") Assuming that these Bylaws are revised, the selected faculty are reduced to less than full-time effort, or the Attorney General's Office issues an interpretation that full-time faculty may engage in private practice my question is:

- 1) Is such clinical practice competing with the University for work the University would choose to perform and if yes, under what conditions would such work be acceptable?

**Previous Opinion(s) of the Office of State Ethics**

Unknown.

## **Discussion**

Based on the advice of the Attorney General's Office, the University Bylaws prohibition on fulltime faculty engaging in private practice has been enforced in the past. In some cases, faculty have elected to reduce their effort at UCHC from 100% to 95% or less employment. It should be noted that tenure is only available to full-time faculty. In some cases, the contracting entity has established formal contracts with UCHC in order to obtain the services of a fulltime faculty member and this allows such faculty to not only perform the work, but to receive the benefit of liability coverage from the State.

The issue of whether a faculty member's consulting is competing with UCHC for clinical work it would choose to perform has been raised in the past and has resulted in some requests to consult being denied.

There are at least two elements that need to be considered before approving such consulting. The first is whether UCHC would directly lose any patients whose care is being taken care of in the private practice setting. The second is whether while practicing in the private setting whether the faculty member would be making referrals for additional care to patients and if yes, whether such referrals would be to UCHC or to other private practitioners.

## **Recommendations:**

Assuming that the Bylaws prohibition of full-time faculty engaging in private practice is not at issue, permission for SoDM faculty to engage in consulting involving private practice should only be approved when:

- 1) The Dean or director of the SoDM faculty practice ensure and verify that such private practice activity will not result in the loss of the patients that the SODM Faculty Practice would like to be recruiting, and
- 2) The faculty member engaging in consulting agrees not to change his/her pattern for referring patients to other providers, and will consider referring to the SODM Faculty Practice and/or student and resident clinics when appropriate.

## **CMC Response**

On May 7, 2010, the Consulting Management Committee unanimous approved the recommendations as written above.