APPENDIX E — COMPENSATION & CALL COVERAGE TOOLKIT

Frameworks, Models, Benchmarks, and Templates for Structuring Fair, Competitive, and Sustainable Physician Compensation & Call Systems

A leadership-ready resource for compensation fairness, call alignment, and FMV compliance.

Compensation is one of the most emotionally charged and operationally complex topics in physician recruitment and retention.
This appendix gives leaders the structure needed to create a compensation framework that is:

- Fair
- Competitive
- FMV-compliant
- Sustainable
- Transparent
- Predictable
- Aligned with organizational goals

It includes call models, stipend structures, wRVU benchmarking guidance, compensation conversation scripts, offer letter templates, and FMV considerations.

SECTION 1 — COMPENSATION PHILOSOPHY TEMPLATE

A standardized statement to guide all compensation decisions.

Our Organization's Compensation Philosophy

1. **Market-Competitive**

We align physician compensation with national and regional benchmarks, including MGMA, AAMC, AMGA, and SullivanCotter.

2. **Fair & Equitable**

Physicians performing similar work receive similar compensation, adjusted for scope and responsibilities.

3. **Transparent**

Compensation structures are clear, predictable, and communicated proactively.

4. **Aligned with Organizational Goals**

Incentives are tied to quality, productivity, access, and service-line growth.

5. **Sustainable**

Payment models must be financially responsible, optimized for patient access, and compliant with federal guidelines.

6. **Supportive of Physician Wellness**

Call burden, scheduling expectations, and productivity requirements are designed to reduce burnout and support long-term stability.

SECTION 2 — COMPENSATION MODEL MENU

Five standard models organizations can use or mix.

Model 1 — Straight Salary (Guaranteed)

Best for:

- Rural sites
- New programs
- Low-volume environments
- Early ramp-up physicians

Pros: Stability, predictable budgeting

Cons: Limited productivity incentive

Model 2 — Salary + wRVU Productivity Incentives

Best for:

- Mid-size and large systems
- Growth-focused programs

Structure:

- Base salary (80–90% of expected total comp)
- wRVU rate (FMV-aligned)
- Thresholds and bonuses

Model 3 — Pure wRVU Model

Best for:

- High-volume or subspecialty programs
- Physicians who prefer autonomy

Risk: Higher burnout risk if not balanced with adequate support

Model 4 — PSA (Professional Services Agreement)

Best for:

- Hospital-employed model alternative
- Groups providing services to hospitals

Often includes:

- Daily rate
- Call stipends
- Productivity tiers

Model 5 — Hybrid Model

Combine:

- Salary
- wRVUs
- Quality metrics
- Call stipends
- Medical directorship supplements

Most modern, balanced, retention-friendly model.

SECTION 3 — CALL COVERAGE MODELS & STIPENDS

A clear outline of how organizations compensate call in FMV-safe ways.

Model A — Unpaid Call (Included in Base)

Common in:

- Large groups
- Academic centers
- High-volume practices

Risk: Burnout, early retirement, turnover.

Model B — Daily Call Stipend

Common Stipend Ranges (FMV-aligned):

- **Low acuity hospitals:** $500–$1,200/day
- **Moderate acuity:** $1,200–$2,500/day
- **High acuity/trauma:** $2,500–$3,500/day+

Model C — Tiered Call Compensation

Tier 1: Weekday call

Tier 2: Weekend call

Tier 3: Holiday call

Tier 4: Trauma or high acuity call

More accurate reflection of workload.

Model D — Per Shift / Per Consult Model

Pay based on volume:

- ED consults
- Inpatient consults
- Cases performed

Model E — Call Pool Compensation

Group receives a pool of dollars based on call burden, then divides proportionally.

Model F — Urohospitalist Model

Increasingly used in urology.

Structure:

- 7-on / 7-off
- Daily rate ($2,000–$4,500 per day, depending on acuity)
- Full hospital-based practice
- No clinic is on service

SECTION 4 — wRVU / COMPENSATION BENCHMARKING QUICK REFERENCE

A leadership cheat sheet for evaluating comp fairness.

Sources: MGMA, AMGA, SullivanCotter, AAMC (choose your organizational standard).

Typical urology wRVU benchmarks (illustrative ranges):

- **Median wRVU production:** ~7,000–7,800
- **75th percentile:** ~9,000–10,500
- **wRVU compensation rate:**
    - Mid-range: $60–$78 per wRVU
    - High acuity markets: $80–$100

Key Reminder:

wRVU targets must match the support infrastructure.

No organization should set targets that require more patients than the clinic's capacity can support.

SECTION 5 — SAMPLE COMPENSATION PLAN LAYOUT

Copy/paste-ready structure for offer letters.

1. Base Salary:

$_____ (FMV aligned)

2. Productivity Incentive:

- Threshold: _____ wRVUs
- Rate: $_____ per wRVU
- Bonus paid quarterly

3. Quality Incentives:

Up to $_____ tied to:

- Patient satisfaction
- Quality metrics
- Chart completion
- Participation in committees

4. Call Compensation:

- Call included / stipend / tiered
- $_____ weekday
- $_____ weekend
- $_____ holiday

5. Relocation Assistance: $_____

6. Sign-on Bonus: $_____

7. CME: $_____ annually

8. PTO: _____ days

9. Medical Directorship: $_____ (if applicable)

SECTION 6 — COMPENSATION COMMUNICATION SCRIPTS

For leadership, recruiters, and administrators.

Explaining Compensation Philosophy

"Our goal is to offer compensation that is fair, competitive, and aligned with national benchmarks. We review our compensation models annually to ensure physicians are supported and rewarded appropriately."

Explaining wRVU Productivity

"Your base salary is designed to give financial stability, while your wRVU incentives reward productivity. This gives you flexibility while also recognizing the work you do."

Talking Through Call Compensation

"We want the call to be predictable, fair, and sustainable. Here's how we've structured your call expectations and the compensation that accompanies them…"

Addressing Call Burden Concerns

"We hear you about the call. Let's look at the burden, the distribution, and solutions like locums support, redistribution, or a call stipend review."

SECTION 7 — CALL BURDEN ANALYSIS TEMPLATE

Used to evaluate fairness across groups.

Physician	Calls per Month	Weekend Calls	Holidays	Consults per Shift	Cases Per Shift	Burden Score

Burden Score:

- **Low:** 1–3
- **Moderate:** 4–6
- **High:** 7–9
- **Critical:** 10+

Teams should never let one physician consistently carry a **High or Critical** burden.

SECTION 8 — COMPENSATION RED FLAGS CHECKLIST

Leadership warning system.

- Base compensation <50th percentile with a high workload
- No call compensation in high-burden environments
- wRVU rate below market

- Unclear or overly complex incentive structures
- Burnout indicators rising
- Physicians request comp reviews repeatedly
- Call distribution unfair
- Compensation tied to unavailable OR time
- High turnover in specialty

Each red flag requires review within **30 days**.

SECTION 9 — CALL SCHEDULE MODELS

Structure for fairness and stability.

1. Equal Rotation Model

Everyone rotates evenly.

2. Weighted Model

Higher burden for:

- Higher-paid partners
- Subspecialists
- New physicians (only if fair and temporary)

3. Hybrid Model

Equal rotation + stipend for those taking more calls.

4. Urohospitalist Model

Dedicated inpatient service, fully replacing traditional call.

SECTION 10 — COMPENSATION REVIEW TIMELINE

Annual cycle for stability.

Quarter 1:

- Market benchmark refresh
- Review wRVU targets
- Review call burden and stipends

Quarter 2:

- Leadership interviews physicians
- Identify at-risk providers

Quarter 3:

- Draft updated compensation plans
- Create FMV documentation

Quarter 4:

- Finalize compensation adjustments
- Communicate next year's structure

SECTION 11 — SUMMARY: COMPENSATION & CALL ARE RETENTION ENGINES

- Fair compensation reduces turnover.
- Predictable call structures reduce burnout.
- Transparency prevents conflict.
- FMV compliance ensures regulatory safety.
- Compensation reviews must be proactive, not reactive.
- Physicians stay where they feel respected and supported.

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A well-designed compensation and call plan is one of the most powerful tools you have for recruitment *and* retention.

engaged and committed long-term.