

VSPA Economics Of Residency Programs - 2013

16/17 Responses to survey

VSPA Hospitals Having Residency Training Programs:

Yes	11	68.7%
No	5	31.2%

VSPA Active Residency Programs:

- Critical Care - 3
- Internal Medicine - 3
- Surgery - 3
- Cardiology - 1
- Neurology - 1
- Ophthalmology - 1

Annual Salary For Residents:

No Response	5	31.2%
\$25-30K	2	12.5%
\$30-35K	3	18.7%
\$35-40K	3	18.7%
\$40-45K	3	18.7%

Benefits For Residents:

No Response	5	31.2%
Vacation/Sick/Holiday (Paid)	9	81.8%
Health Insurance	9	81.8%
Dental Insurance	5	45.5%
Disability Insurance	3	27.2%
Retirement	7	63.6%
Pet Care	10	90.9%
Other	4	36.6%

Miscellaneous Benefits:

- CE allowance
- Scrub/Uniform allowance
- Professional liability insurance
- Stipend to offset health insurance

VSPA Economics Of Residency Programs - 2013

How The Residents Earn Compensation:

- Straight salary (7) with variations
- Work one day per week on emergency service
- Shared duties (rotations) on emergency service
- Resident salary figured into department budget
- Certain fees for services are charged directly to resident
- Base salary with bonus for after-hours procedures performed
- Credit for all patients seen directly by resident (Referral service and ER)

Allocation Of Resident Salary Between Specialty Departments:

- Allocated to department hosting residency (6)
- Due to organizational structure salaries not allocated between specialties
- ER service duties covers salary
- Credit for all patients seen by resident on referral service

Monetary Rewards For Senior Clinician Participation In Residency Training:

No Response	5	31.2%
Monetary Compensation	5	31.2%
No Monetary Compensation	5	31.2%
Other	1	6.2%

- Receive resident production except when on ER duty
- 25% or remaining revenue after residents have produced 4X salary is divided between the hospital and specialists on their service
- Bonus given to senior clinicians for participating in the residency program
- Once resident's salary and costs have been covered by revenue produced, the remainder is split among the specialists involved in the training
- Charges for services provided by resident being directly supervised by the senior clinician are credited to the senior clinician

Allocation Of Revenue When A Resident Handles A Case Alone With No Direct Supervision:

- Practice owners
- To the hospital
- To the resident - goes towards paying resident salary