## **Unrestricted On-Call Pay for Advanced Practice Providers (APPs)**



As organizations strive to meet growing patient demand, one premium pay practice that continues to receive attention is on-call pay. Establishing an effective call pay approach for advanced practice providers can help to support care coverage needs, improve patient access, and maintain effective throughput.



~29%

of APPs report taking call

5

without additional compensation

Shifts per month is the median of those who require taking call

Top 5 Specialties that **APPs** report taking call

- Family Medicine
- Internal Medicine
- Geriatrics
- CT Surgery
- General Pediatrics



### **Hourly Rates for Unrestricted On-Call Coverage**

The **hourly rates paid** for on-call coverage **vary widely**:

Specialty	n	25 <sup>th</sup> Percentile	Median	75 <sup>th</sup> Percentile
Cardiology	21	\$6.20	\$7.58	\$12.50
Cardiothoracic Surgery	15	\$5.00	\$8.65	\$15.00
General Surgery	17	\$5.00	\$7.50	\$22.00
Orthopedic Surgery	18	\$5.00	\$10.00	\$12.50
Primary Care	37	\$6.25	\$8.00	\$12.15

# of organizations provide additional pay when APPs are called back

#### Top compensation methods when called back:

37%

provide the standard hourly rate of base pay

50%

use a flat rate or stipend per call back

23%

provide a differential

Median minimum hours for call back pay: 2 hours

### Considerations in developing or updating an on-call pay policy:

Is it needed for all specialties?

How frequently will on-call shifts be required?

Should there be a core work requirement (threshold number) of on-call shifts?

How often will the APP likely be called during the on-call shift?

How likely can the call be handled by phone vs. requiring an APP to be called in?

\*All data reflect unrestricted on-call. (APPs are accessible by phone/pager and must respond to inquiries within a time period defined by the organization.) **Source:** SullivanCotter 2024 Advanced Practice Provider Compensation and Productivity Survey

