HEALTH SCIENCES CLINICAL SERIES, WOS / AFFILIATES

UPDATE: FY 23-24

School of Medicine Academic Affairs
April 2023

Dean's Office: Academic Affairs

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What is an Affiliate Faculty?

A UCI Faculty member who has primary employment at an Affiliate site and also has UCI teaching responsibilities at an Affiliate site (LBVA, LBMMC, CHOC)

- Teach UC Irvine students, medical students, residents that rotate through the Affiliate site
- May be WOS or paid (when paid: typically 5% to 43%)
- Can be in any faculty series, however, most common is HS Clinical

IMPORTANT: Faculty who fall into this category with primary employment at the Affiliate may not have a Volunteer Faculty appointment (see: APM 279)

Affiliate Paperwork

It's important to obtain Affiliate Faculty Verification Form for New Appointments AND Renewals

Affiliates must attest to their % time at the Affiliate site

- Affiliates with a paid UCI appointment and an Affiliate appointment at the LBVA must certify agreement to the HS Comp Plan
  - Paid UCI faculty with an Affiliate appointment at the LBVA between 5%-43% are in HSCP by exception

- At Renewal time, department and Dean's office needs updated record of Affiliates' % time at the Affiliate site

CURRENT FORMS

1

AFFILIATE FACULTY INFORMATION FORM

Use this form for Appointment and Annual Renewals of UCI Affiliate Faculty

Affiliate Faculty: Individual has an appointment at an affiliated institution (e.g. Long Beach VA, Long Beach Memorial/Miller, CHOC) and an appointment at UCI at 43% or less. Individuals appointed between 5% and 43% are in the HS Compensation plan by exception.

Faculty Name _____

Department _____

Division _____

☐ **New Appointment**

☐ **Renewal**

NEW APPOINTMENTS: include the following with the Appointment file

1. Completed Affiliate Faculty Information Form
2. Signed combined Verification of Affiliate Faculty Appointment Status and Health Sciences Compensation Plan Statement of Agreement *(for PAID appointments only; not required for HS, WOS appointees)*
3. Description of responsibilities at the Affiliate site – Include % of appointment at UCI and detailed salary information, if any *(may be included on Dept. Eval Form)*
4. Academic Appointment Dossier (*for HS, WOS/Affiliates use Grid/Checklist; for PAID appointments use AP Checklist)*
5. Account/Fund Information: _____
6. Percentage of Work (in eighths) of employment at Affiliate Site: _____
7. Affiliate Site Location: _____

2

UNIVERSITY OF CALIFORNIA, IRVINE
SCHOOL OF MEDICINE

Verification of Affiliate Faculty Appointment Status

I certify that I am a _____ (enter percent or # of 8ths) employee at _____ (enter name of affiliate, i.e. LBVA, LB Memorial) and will report immediately any change in my employment status to the Chair of the Department of _____ and the Dean of the School of Medicine.

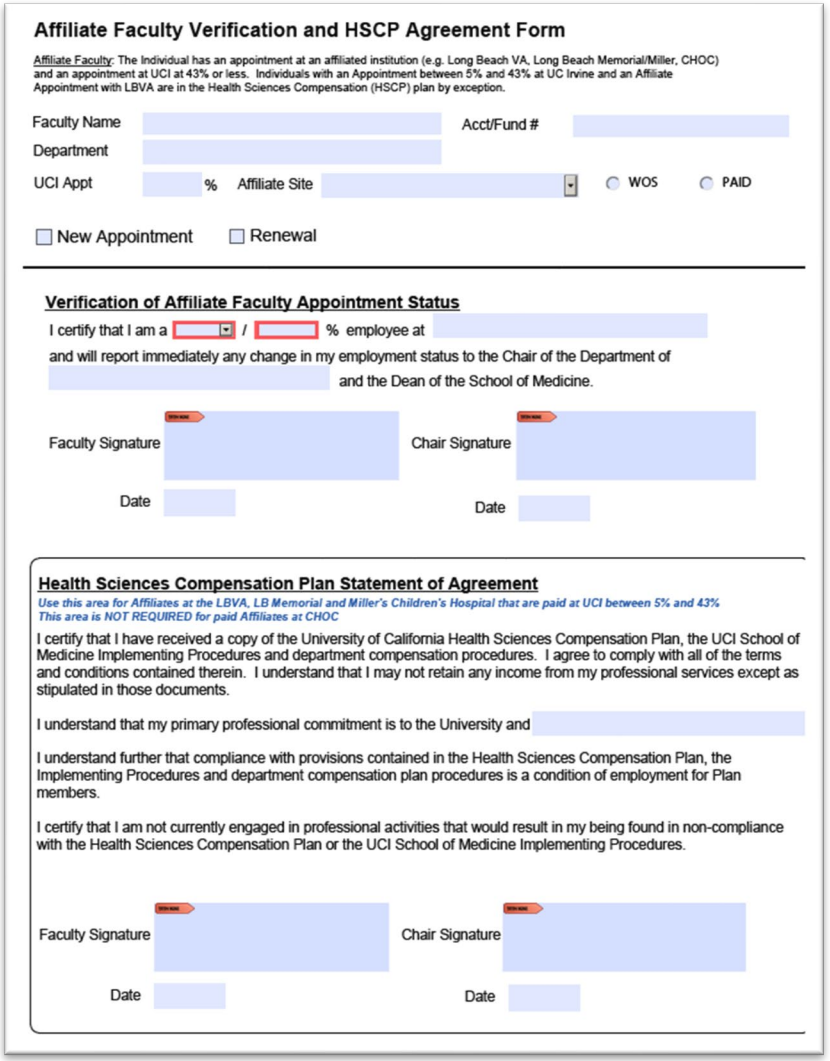
Health Sciences Compensation Plan
Statement of Agreement

I certify that I have received a copy of the University of California Health Sciences Compensation Plan, the UCI School of Medicine Implementing Procedures and department compensation procedures. I agree to comply with all of the terms and conditions contained therein. I understand that I may not retain any income from my professional services except as stipulated in those documents. I understand that my primary professional commitment is to the University and _____ (enter name of affiliate, i.e. LBVA, LB Memorial). I understand further that compliance with provisions contained in the Health Sciences Compensation Plan, the Implementing Procedures and department compensation plan procedures is a condition of employment for Plan members.

I certify that I am not currently engaged in professional activities that would result in my being found in non-compliance with the Health Sciences Compensation Plan or the UCI School of Medicine Implementating Procedures.

NEW AFFILIATE FORM

COMING SOON



Affiliate Faculty Verification and HSCP Agreement Form

Affiliate Faculty: The Individual has an appointment at an affiliated institution (e.g. Long Beach VA, Long Beach Memorial/Miller, CHOC) and an appointment at UCI at 43% or less. Individuals with an Appointment between 5% and 43% at UC Irvine and an Affiliate Appointment with LBVA are in the Health Sciences Compensation (HSCP) plan by exception.

Faculty Name Acct/Fund #

Department

UCI Appt % Affiliate Site WOS PAID

New Appointment Renewal

Verification of Affiliate Faculty Appointment Status

I certify that I am a / % employee at

and will report immediately any change in my employment status to the Chair of the Department of

and the Dean of the School of Medicine.

Faculty Signature Chair Signature

Date Date

Health Sciences Compensation Plan Statement of Agreement

Use this area for Affiliates at the LBVA, LB Memorial and Miller's Children's Hospital that are paid at UCI between 5% and 43%
This area is NOT REQUIRED for paid Affiliates at CHOC

I certify that I have received a copy of the University of California Health Sciences Compensation Plan, the UCI School of Medicine Implementing Procedures and department compensation procedures. I agree to comply with all of the terms and conditions contained therein. I understand that I may not retain any income from my professional services except as stipulated in those documents.

I understand that my primary professional commitment is to the University and

I understand further that compliance with provisions contained in the Health Sciences Compensation Plan, the Implementing Procedures and department compensation plan procedures is a condition of employment for Plan members.

I certify that I am not currently engaged in professional activities that would result in my being found in non-compliance with the Health Sciences Compensation Plan or the UCI School of Medicine Implementing Procedures.

Faculty Signature Chair Signature

Date Date

Keep track of your Affiliates!

It's especially important that the department keeps a good record of all Affiliate faculty, and especially HS, WOS/Affiliate faculty in the Assistant Rank

APM 278

> Faculty holding a without salary Health Sciences Clinical Professor series appointment along with a salaried appointment at an affiliated institution at more than 50 percent time may not exceed eight years of service unless the Chancellor grants an exception to the eight-year limit for these appointees.

Sample Log

Last	First	Hire Date	End	TC	Title	Current Step	Annual Rate	UCI %	% Affil	Total %	Affil Site	Next Rev	Next Actn	Next Step
Bittencourt	Cassiana	8/1/16	6/30/22	1732	HS Asst Clin Prof	IV	$90,600	100%		100%		21-22	P	I
Chandan	Vishal	10/15/18	6/30/22	1734	HS Clin Prof	I	$112,100	95%		95%		21-22	M	II
Crews	Bridgit	10/1/16	6/30/22	1733	HS Assoc Clin Prof	II	$100,600	100%		100%		21-22	M	III
Da Costa Iyer	Maria		6/30/22	2010	HS Clin Prof	III	WOS	0%	8/8	100%	LBVA	21-22	M	IV
Del Valle Estopinal	Maria	2/24/20	6/30/22	1732	HS Assistant Clin Professor	III	$85,700	51%		51%		21-22	M	IV
Head	Elizabeth	2/1/19	OK	1721	Professor	III	$114,600	100%		100%		21-22	AM	V
Johnson	Cary	1/21/19	6/30/21	1734	HS Clin Prof	I	$112,100	100%		100%		21-22	M	II
Li	Xiaodong	7/16/18	6/30/22	1732	HS Asst Clin Prof	IV	$81,400	100%		100%		21-22	P	I
Mercola	Daniel		OK	1721	Professor	VII	$156,600	100%		100%		21-22	5yr	VIII
Monuki	Edwin		OK	1721	Professor	III	$123,300	100%		100%		21-22	M	IV
Nael Amzajedri	Ali	7/17/18	6/30/22	2050	HS Asst Clin Prof	III	WOS	0%	8/8	100%	CHOC	21-22	M+MCA	IV
Nowroozizadeh	Behdokht	7/1/20	6/30/22	1732	HS Asst Clin Professor	II	$81,300	100%		100%		21-22	M	III

ABBREVIATED PROCESS FOR HS, WOS AFFILIATES

SOM Academic Affairs Website/Appointments:

https://medschool.uci.edu/about/academic-affairs/faculty-academics/hs-clinical-wos-and-volunteer

Use abbreviated process and forms for Appointments and Reviews for HS series, WOS faculty only

Please note: Affiliates appointed at the LBVA use 'eighths' instead of % time; all other affiliate sites use % time when appointing to paid positions

New Procedures/Forms (2020): Why?

SOM-Specific Forms developed for HS series, WOS faculty with an Affiliate appointment to address issues:

1. Compliance to policies APM 278 & APM 279
2. Review standards for HS, WOS/Affiliate faculty may be different for this group
3. Difficulties in HS, WOS/Affiliate compliance/participation in UCIs review process (every 2-3 years)

THESE SOM-SPECIFIC FORMS SHOULD BE USED FOR HS SERIES, WOS FACULTY AFFILIATES ONLY

What do I need to know?

- APM 279-0 Policy

https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-279.pdf

> An individual with teaching, scholarly or creative activity, and service responsibilities who holds a clinical appointment paid by a facility that has a formal affiliation with the University (UC-affiliated facility) must hold a concurrent, without salary appointment in the Health Sciences Clinical Professor series (see APM - 278), but not in the Volunteer Clinical Professor series.

- APM 278-17-c Terms of Service

https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-278.pdf

> Faculty holding a without salary Health Sciences Clinical Professor series appointment along with a salaried appointment at an affiliated institution at more than 50 percent time may not exceed eight years of service unless the Chancellor grants an exception to the eight-year limit for these appointees.

HS, WOS Affiliate Grid

UCI SOM Health Sciences Clinical Professor, WOS/Affiliate Grid

	Appointment[2] (include Affiliate Checklist)	Merit/Mid-Career Appraisal (MCA)	Promotion/Advancement	Change of Series into HS WOS
Departmental Evaluation (UCI-SOM-AFF-DEPT-EVAL)	X	X	X	X
AP Form	AP-20	AP-22 *Not required when file is submitted in AP Review	AP-22 *Not required when file is submitted in AP Review	AP-22 *Not required when file is submitted in AP Review
AP-9 Form	X	n/a	n/a	n/a
Department Faculty Vote (use SOM Vote Grid)	Optional (follow department guidelines)	Optional (follow department guidelines)	Optional (follow department guidelines)	Optional (follow department guidelines)
Referee Feedback Form[1] (UCI-SOM-AFF-REF-FORM)	3 required[1]		3 required[1]	
Summary of Contributions (UCI-SOM-AFF-CONT)	n/a	X	X	X
Curriculum Vitae	X	X	X	X
Form AP-137A	X	X	X	X
Reflective Teaching Statement	X	Incorporated into Summary of Contributions	Incorporated into Summary of Contributions	Incorporated into Summary of Contributions
Teaching Evaluations	*If available	X	X	X
Form AP-50	n/a	*Not required when file is submitted in ScholarSteps	*Not required when file is submitted in ScholarSteps	*Not required when file is submitted in ScholarSteps

[1] **Referee Feedback Forms – minimum 2 from outside of the home Department (within same institution/site is acceptable)**

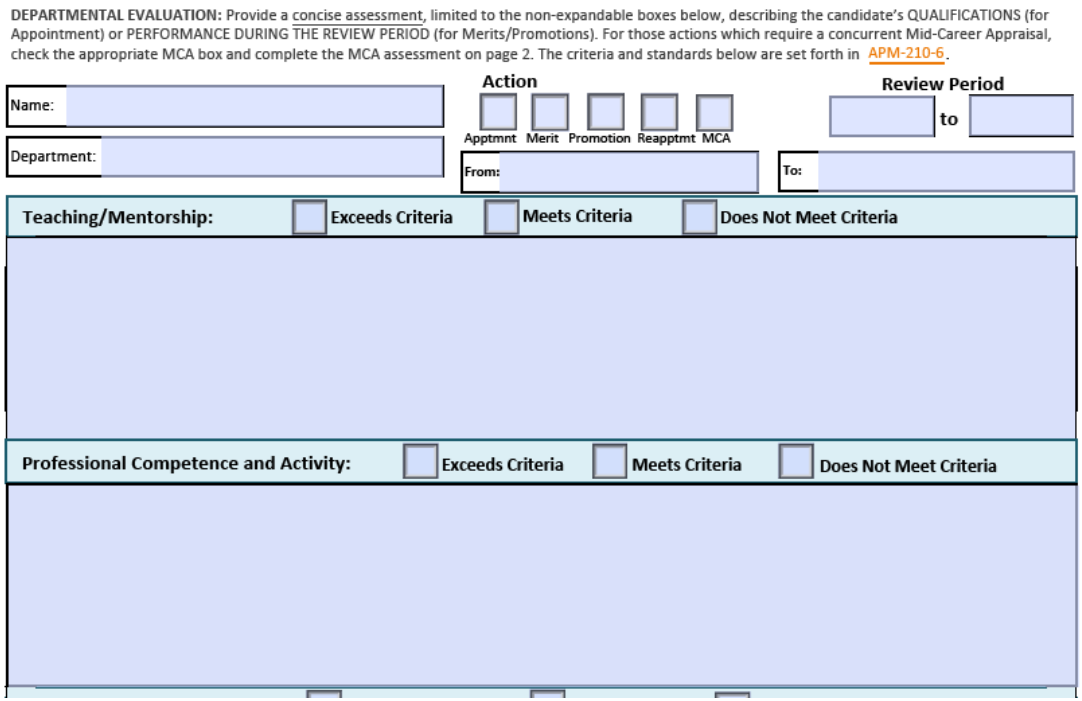
[2] **For Transition from Volunteer Faculty series into the HS/WOS-Affiliate appointment, use Appointment column.**

Please note for the **Assistant Professor rank** in the Health Sciences Clinical Professor Series:
Per APM Policy 278, the 8-year limit applies when the faculty holds both an HS Assistant Clinical Professor WOS appointment and is employed by an affiliate site at more than 50% time. A Mid-Career Appraisal (MCA) is required to be submitted for review by the beginning of the third or fourth year for applicable faculty. A Promotion file is required to be submitted at the beginning of the sixth year of service and no later than the beginning of the seventh year of service.

Dept Eval Form

Takes the place of the Department Letter

- Department Letter-Writer includes 2-3 lines in each box
- Form adds a page when 'MCA' is selected
- Remember: No Chair's signature! Faculty Evaluator signs the form
- Dept Analyst fills out the top of the form



DEPARTMENTAL EVALUATION: Provide a concise assessment, limited to the non-expandable boxes below, describing the candidate's QUALIFICATIONS (for Appointment) or PERFORMANCE DURING THE REVIEW PERIOD (for Merits/Promotions). For those actions which require a concurrent Mid-Career Appraisal, check the appropriate MCA box and complete the MCA assessment on page 2. The criteria and standards below are set forth in APM-210-6.

Name:

Department:

Action: Apptmnt | Merit | Promotion | Reapptmt | MCA

Review Period: From: to: To:

Teaching/Mentorship: Exceeds Criteria | Meets Criteria | Does Not Meet Criteria

Professional Competence and Activity: Exceeds Criteria | Meets Criteria | Does Not Meet Criteria

Referee Feedback Form

Takes the place of LOR's and AP-11

- Everything is on one page; no need for an AP-11
- Referees check a box, and can include brief comments at the end
- Analyst Emails this form directly to Referee
- Dept. Analyst fills out select info at top of form, and then assigns a letter code

HEALTH SCIENCES CLINICAL PROFESSOR SERIES, WITHOUT SALARY (WOS) AFFILIATE SITES
REFEREE FEEDBACK FORM

Confidentiality Statement
Although the contents of your letter/form may be passed on to the candidate at prescribed stages of the review process, your identity will be held in confidence. The material made available will lack the letterhead/header, the signature block, and material below the latter (comments, if applicable). Therefore, material that would identify you, particularly your relationship to the candidate, should be placed below the signature block. In any legal proceeding or other situation in which the source of the confidential information is sought, the University does its utmost to protect the identity of such sources.

DATE: Click or tap to enter a date.

FROM: Department Chair Name **LETTER CODE**

TO: Evaluator Name

Please describe the following:

Professional Title: List Evaluator Title
Area(s) of Expertise/Qualifications: List Evaluator Expertise
Relationship to Candidate (past and present, including prior mentorship): Describe Evaluator Relationship to Candidate

SUBJECT: Faculty/Candidate Name for Appointment to Health Sciences Associate Clinical Professor , Without Salary

The Department of Dept Name at the UC Irvine School of Medicine is proposing Faculty Name for the action proposed above. The Department and the School of Medicine require professional references: experts in the field who can give important feedback about the candidate.

Please complete the evaluation form of the candidate's qualifications for the proposed action in the following categories:

Professional/Clinical Competence/Performance
Knowledge of basic/clinical sciences; Demonstrates commitment to the delivery of safe, cost-effective, patient-centered care
☐ Unsatisfactory ☐ Satisfactory ☐ Superior ☐ Unable to assess

Teaching/Mentorship (Quality of Teaching/Supervising/Mentoring activities)
Demonstrates a strong interest in the education of healthcare professionals, fulfills teaching responsibilities
☐ Unsatisfactory ☐ Satisfactory ☐ Superior ☐ Unable to assess

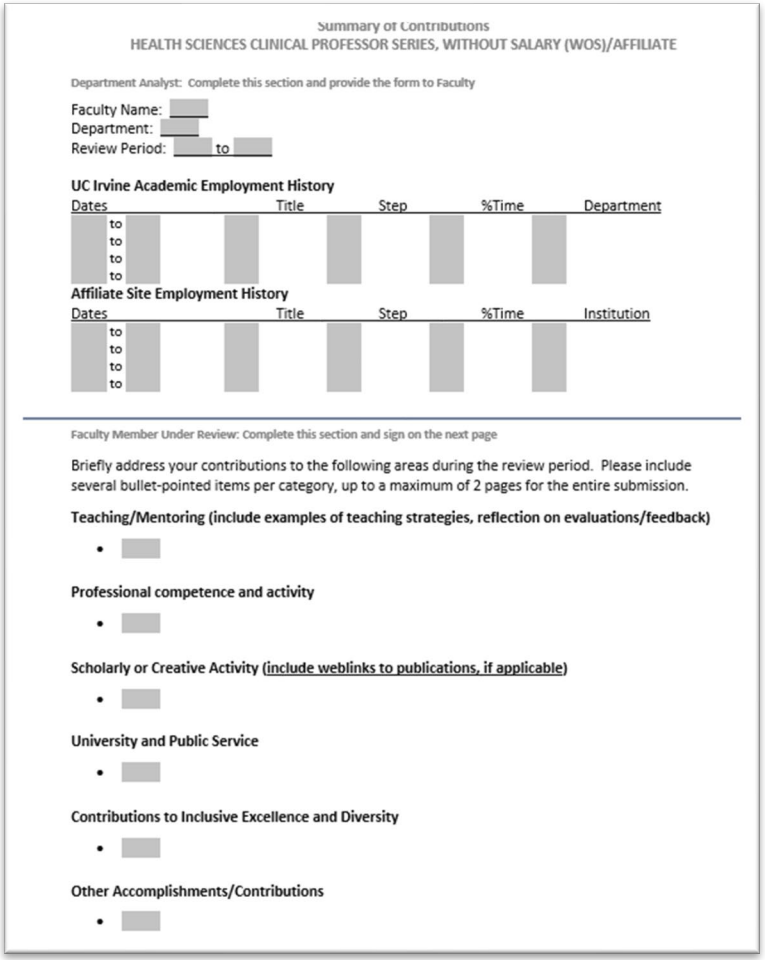
Scholarly/Creative Activity
Innovations, Publications, Presentations, Grants, Interdisciplinary Collaboration
☐ Unsatisfactory ☐ Satisfactory ☐ Superior ☐ Unable to assess

Service/Collaboration
Participates in organized clinical discussions, interdisciplinary sessions, journal clubs and/or conferences
☐ Unsatisfactory ☐ Satisfactory ☐ Superior ☐ Unable to assess

Summary of Contributions Form

Takes the place of AP-10

- Dept. Analyst fills out select info at top of form including Employment History
- Everything is on one page, bullet-points are OK
- No Separate Teaching Statement needed (included in the form
- Make sure the Faculty signs the form



Summary of Contributions

HEALTH SCIENCES CLINICAL PROFESSOR SERIES, WITHOUT SALARY (WOS)/AFFILIATE

Department Analyst: Complete this section and provide the form to Faculty

Faculty Name:
Department:
Review Period: to

UC Irvine Academic Employment History

Dates	Title	Step	%Time	Department
to				
to				
to				
to				

Affiliate Site Employment History

Dates	Title	Step	%Time	Institution
to				
to				
to				
to				

Faculty Member Under Review: Complete this section and sign on the next page

Briefly address your contributions to the following areas during the review period. Please include several bullet-pointed items per category, up to a maximum of 2 pages for the entire submission.

Teaching/Mentoring (include examples of teaching strategies, reflection on evaluations/feedback)

-

Professional competence and activity

-

Scholarly or Creative Activity (include weblinks to publications, if applicable)

-

University and Public Service

-

Contributions to Inclusive Excellence and Diversity

-

Other Accomplishments/Contributions

-

Volunteer vs. HS,WOS (Affiliates)

	Volunteer Group-1	Volunteer Group-2	Volunteer Group-3	HS Without Salary (WOS)
APM	APM 279	APM 279	APM 279	APM 278
Description of duties	Provider with no UCI clinical privileges and no involvement at affiliate sites (e.g., offsite community physician volunteer, community MedEd preceptors)	Provider with UCI staff physician appointment/clinical privileges, and no teaching responsibilities at affiliate sites	Provider with teaching involvement at affiliate site but not employed/salaried by the affiliate site (e.g., staff physician/per diem at affiliate site, contracted private group with affiliate site)	Provider employed/salaried by an affiliate site with teaching responsibilities at the affiliate site (e.g., LBVA, CHOC, LBM-MCH)
Type of academic appointment	Volunteer appointment	Volunteer appointment	Volunteer appointment	HS Clinical Professor Series WOS
Required information in chair letter	Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service)	Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service) *****MUST INCLUDE ATTESTATION STATEMENT**	Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service)	Please see requirements for HS Clinical Professor Series
Required documents	Volunteer appointment packet	Volunteer appointment packet	Volunteer appointment packet	*HS clinical professor series checklist *UCI-SOM affiliate paperwork
Review timeline/interval	Minimum every 5 years	Minimum every 5 years	Minimum every 5 years	*Routine based on rank/step *If employed at 50% or greater at affiliate site, 8-year limit and MCA requirements for assistant rank applicable

*****I attest that this appointment will be at UCI only and the appointee will not perform teaching duties at any of the UCI affiliate locations (e.g., LBVA, CHOC, LBM-MC)**

Questions/Feedback

Academic Affairs Principal Analysts
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Mirella Ruano mruano@hs.uci.edu
Chanthou Sung csung@hs.uci.edu
April Heath heatha@hs.uci.edu

Academic Affairs Analyst
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