

UCI School of Medicine

Monthly on Monday– Faculty Compensation

February 10, 2025

TJ Kennedy | HS Compensation Plan Manager

Levels of the Comp Plan Policy

- UCOP – HS Compensation Plan (APM-670) and Outside Professional Activities (APM-671)
- UCI School of Medicine – UCI Implementing Procedures
- Department – Department Compensation Plan, which includes Good Standing Criteria and Clinical/Non-Clinical Incentives

The UCOP Plan sets the general guidelines/minimums that all campuses must follow. UCI Implementing Procedures is how the Plan guidelines will be implemented at that campus. Department Plans are the most specific to your department good standing, incentives, and compensation model.

Dean's Office Units Involved in the Process

- **Academic Affairs**
 - Plan Membership, outside professional activities, conflict of commitment, grievance procedures, APUs, Compensation Plan Advisory Committee, general questions.
- **Clinical Affairs**
 - Incentives, department compensation models.
- **Finance**
 - Salary structure, accounting practices, academic enrichment accounts.
- **Human Resources**
 - Faculty leaves, including extended illness, childbearing/childrearing, etc.

All general questions should go to the HS Compensation Plan Manager, TJ Kennedy, at tkenned1@hs.uci.edu.

SOM Comp Plan Committee (CPAC)

CPAC assists the Dean in reviewing and resolving any issues that may arise regarding SOM Implementing Procedures and Department Compensation Plans, including, but not limited to, the following:

- Yearly review of Department Compensation Plans
- Review of APU Change Requests
- Development of School Implementing Procedures and SOM-wide Good Standing Criteria
- Review of faculty grievances related to Compensation Plans
- Other issues as requested by the Dean
- Development of resources and guides related to compensation

Note: CPAC is advisory only, while final authority rests with the Dean, or, if required, the Chancellor/President.

Department Compensation Plans

- Each department has their own Compensation Plan that provides additional departmental guidelines for:
 - Z Compensation (bonus payments)
 - Occasional outside professional activities (OPA)
 - Compensation while on leave
 - Assessment / overhead rates
 - Academic Enrichment Account (pre-tax)
 - Good Standing Criteria
- In the Department Plan, content will typically vary in Appendix I (Good Standing Criteria) and Appendix II (Incentives/Bonus Structure)
- You should know and understand your department compensation plan.

Faculty Salary Structure

(i.e., what does this all policy mean for your pay?)

Faculty Compensation / Salary

- Base Salary – Faculty's retirement, disability, and life insurance are based on the base salary ($X+X^1$) – These salary scales are set at the UCOP level.
 - Fiscal Year Base Salary (X) – Scale 0: Based on your rank and step.
 - Health Sciences Base Salary Scale Differential (X^1) – Scales 1 – 9: Determined by your rank, step, and APU scale (more on APU determination on the next slide).
- Optional Additional Compensation
 - Negotiated Additional Compensation (Y) – Set based on approved benchmarks and in yearly conversation with the department Chair each spring.
 - Incentive / Bonus Compensation (Z) – This component is in your department plan, so it is important you have access and understand your department plan.
- Total Negotiated Salary (TNS) = $X+X^1+Y$

Academic Programmatic Unit (APU)

- Definition - a group of HSCP faculty within the same academic department, research area or organized multi-disciplinary program
- Must meet one or more of the following criteria:
 - Is nationally recognized as an academic department or research discipline
 - Is nationally recognized as an academic subspecialty by the specialty governing body
 - Is a recognized group practice under University management
 - Shares a common academic (i.e., teaching, research and/or clinical) responsibilities
- Requires a minimum of 5 members.
- The Academic Programmatic Unit (APU) must be solvent.
- All members must be compensated at the same Health Sciences Salary Scale.
- Since APUs are based on common academic activities, faculty are permitted to be in another Department's APU.
- No individual faculty member may be moved from one APU to another without significant change in duties or a change in department.

Health Sciences Compensation Plan Salary Scale

<u>Rank</u>	<u>Step</u>	<u>Scale 0</u> <u>x 1.00</u>	<u>Scale 1</u> <u>x 1.10 Diff</u>	<u>Scale 2</u> <u>x 1.20 Diff</u>	<u>Scale 3</u> <u>x 1.30 Diff</u>	<u>Scale 4</u> <u>x 1.40 Diff</u>	<u>Scale 5</u> <u>x 1.50 Diff</u>	<u>Scale 6</u> <u>x 1.65 Diff</u>	<u>Scale 7</u> <u>x 1.80 Diff</u>	<u>Scale 8</u> <u>x 2.00 Diff</u>	<u>Scale 9</u> <u>x 2.25 Diff</u>
Instructor	N/A	\$78,900	\$7,900	\$15,800	\$23,700	\$31,600	\$39,500	\$51,300	\$63,200	\$78,900	\$98,700
Assistant Professor	1	\$90,700	\$9,100	\$18,200	\$27,300	\$36,300	\$45,400	\$59,000	\$72,600	\$90,700	\$113,400
	2	\$95,400	\$9,600	\$19,100	\$28,700	\$38,200	\$47,700	\$62,100	\$76,400	\$95,400	\$119,300
	3	\$100,500	\$10,100	\$20,100	\$30,200	\$40,200	\$50,300	\$65,400	\$80,400	\$100,500	\$125,700
	4	\$106,000	\$10,600	\$21,200	\$31,800	\$42,400	\$53,000	\$68,900	\$84,800	\$106,000	\$132,500
	5	\$111,800	\$11,200	\$22,400	\$33,600	\$44,800	\$56,000	\$72,800	\$89,600	\$111,900	\$139,900
	6	\$117,600	\$11,800	\$23,600	\$35,400	\$47,100	\$58,900	\$76,600	\$94,200	\$117,700	\$147,200
Associate Professor	1	\$111,900	\$11,200	\$22,400	\$33,600	\$44,800	\$56,000	\$72,800	\$89,600	\$111,900	\$139,900
	2	\$117,700	\$11,800	\$23,600	\$35,400	\$47,100	\$58,900	\$76,600	\$94,200	\$117,700	\$147,200
	3	\$123,900	\$12,400	\$24,800	\$37,200	\$49,600	\$62,000	\$80,600	\$99,200	\$123,900	\$154,900
	4	\$130,900	\$13,100	\$26,200	\$39,300	\$52,400	\$65,500	\$85,200	\$104,800	\$131,000	\$163,800
	5	\$141,100	\$14,200	\$28,300	\$42,400	\$56,500	\$70,600	\$91,800	\$113,000	\$141,200	\$176,500
Professor	1	\$131,000	\$13,100	\$26,200	\$39,300	\$52,400	\$65,500	\$85,200	\$104,800	\$131,000	\$163,800
	2	\$141,200	\$14,200	\$28,300	\$42,400	\$56,500	\$70,600	\$91,800	\$113,000	\$141,200	\$176,500
	3	\$152,100	\$15,300	\$30,500	\$45,700	\$60,900	\$76,100	\$98,900	\$121,700	\$152,100	\$190,200
	4	\$163,600	\$16,400	\$32,800	\$49,100	\$65,500	\$81,800	\$106,400	\$130,900	\$163,600	\$204,500
	5	\$175,900	\$17,600	\$35,200	\$52,800	\$70,400	\$88,000	\$114,400	\$140,800	\$175,900	\$219,900
	6	\$189,100	\$19,000	\$37,900	\$56,800	\$75,700	\$94,600	\$123,000	\$151,300	\$189,100	\$236,400
	7	\$203,500	\$20,400	\$40,700	\$61,100	\$81,400	\$101,800	\$132,300	\$162,800	\$203,500	\$254,400
	8	\$219,800	\$22,000	\$44,000	\$66,000	\$88,000	\$109,900	\$142,900	\$175,900	\$219,800	\$274,800
	9	\$238,300	\$23,900	\$47,700	\$71,500	\$95,400	\$119,200	\$154,900	\$190,700	\$238,300	\$297,900

Salary Plan

APU0

APU1

APU2

APU3

APU4

APU5

APU6

APU7

APU8

APU9

Policy Links

- APM 670 – Health Sciences Compensation Plan
https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-670.pdf
- APM 671 – Conflict of Commitment and Outside Activities of Health Sciences Compensation Plan Participants
https://www.ucop.edu/academic-personnel-programs/_files/apm/apm-671.pdf
- UCI SOM Implementing Procedures for Health Sciences Compensation Plan
<https://medschool.uci.edu/about/academic-affairs/health-science-compensation-plan>

Questions

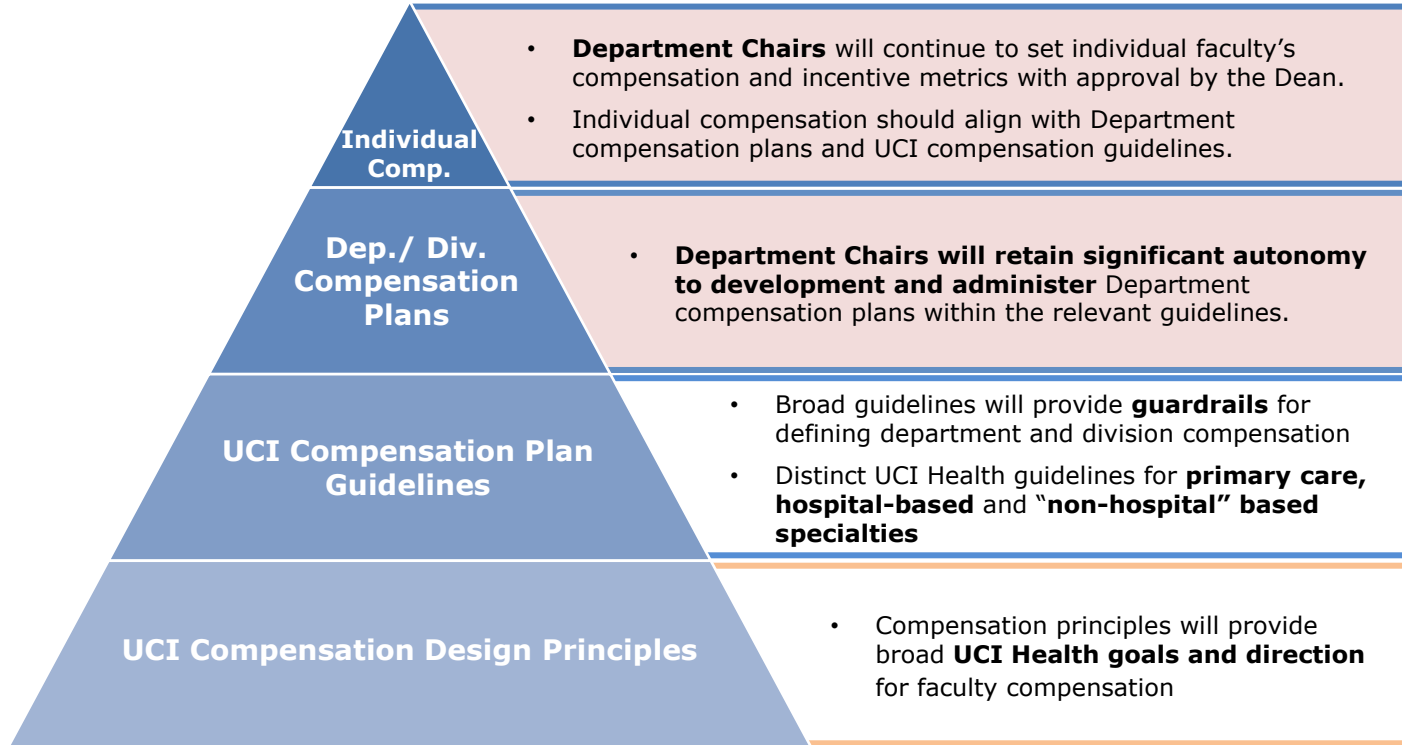


UCI School of Medicine Faculty Compensation

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Rebecca Brusuelas-James, Associate Dean, Administration and Finance

Approach to Faculty Compensation



Design Principles

1. Individual faculty total compensation should be market **competitive, sustainable,** and in line with that faculty's **overall contribution** to the enterprise.
2. Total compensation should be in line with **benchmark compensation.**
3. Each specialty should have explicitly stated **minimum performance standards** for achievement of XX¹Y compensation.
4. Clinical compensation of individual faculty should include an **incentive components of sufficient scale** to incentivize organizational and departmental level goals.
5. **Funds flow payments** designated for unbillable work effort of individual faculty (e.g., Medical Directorships, GME Program Directors) should be reflected in that faculty's total compensation and cFTE.

Compensation Plan Guidelines

Total Earnings	=	TNS	+	Clinical Productivity Incentive	+	Additional Incentives	+	Payments for Services
Primary Care Guidelines				Payment per <u>extra</u> session		Payments (fixed or %) for reaching target metrics within: <ul style="list-style-type: none">• Clinical (quality, operations, etc.)• Teaching• Research• Citizenship		Payments for defined administrative, teaching, or research roles that are not covered by clinical FTE buy-down
Hospital-Based Guidelines		Negotiated salary based on AAMC national benchmark or other approved benchmark		Payment per <u>extra</u> shift, hour, call coverage				
Non-Hospital Based Guidelines				Payment per <u>extra</u> wRVU				

Understanding the why's of funds flow – Clinical Integration

- Create an Enterprise perspective
 - Increase effectiveness in changing healthcare environments
- Enable growth
 - Develop a care model that enables rapid growth
 - Expand services within Orange County and surrounding markets
- Align Medical Center support to School of Medicine
 - Collaborate, refine and standardize medical center support and purchased services
- Faculty compensation
 - Better alignment of UCI clinical time - cFTE
 - Promote equitable compensation among departments and SOM
 - Create competitiveness within the market
 - Align incentives across the health enterprise promoting clinical productivity and performance metrics
- Foster chair and clinical leadership engagement
- Develop and promote areas of clinical distinction – service Lines
- Establish long-term sustainability of the academic mission

History on Clinical Integration

Clinical Integration Objective: Foster integration across the clinical enterprise that increases nimbleness and promotes efficiency, through enterprise-wide engagement across strategic and operational decision making and aligned economics, to enable UCI Health to strengthen its position in the clinical marketplace.

A robust clinical enterprise is essential to support and advance the academic missions – research and education – which are core to UCI Health's identity

FY17/18

UCI Health and
School of
Medicine
engage

The Chartis
Group

FY18/19

Initial Year –
Model/Shadow
Year

FY19/20

Initiate Clinical
Integration

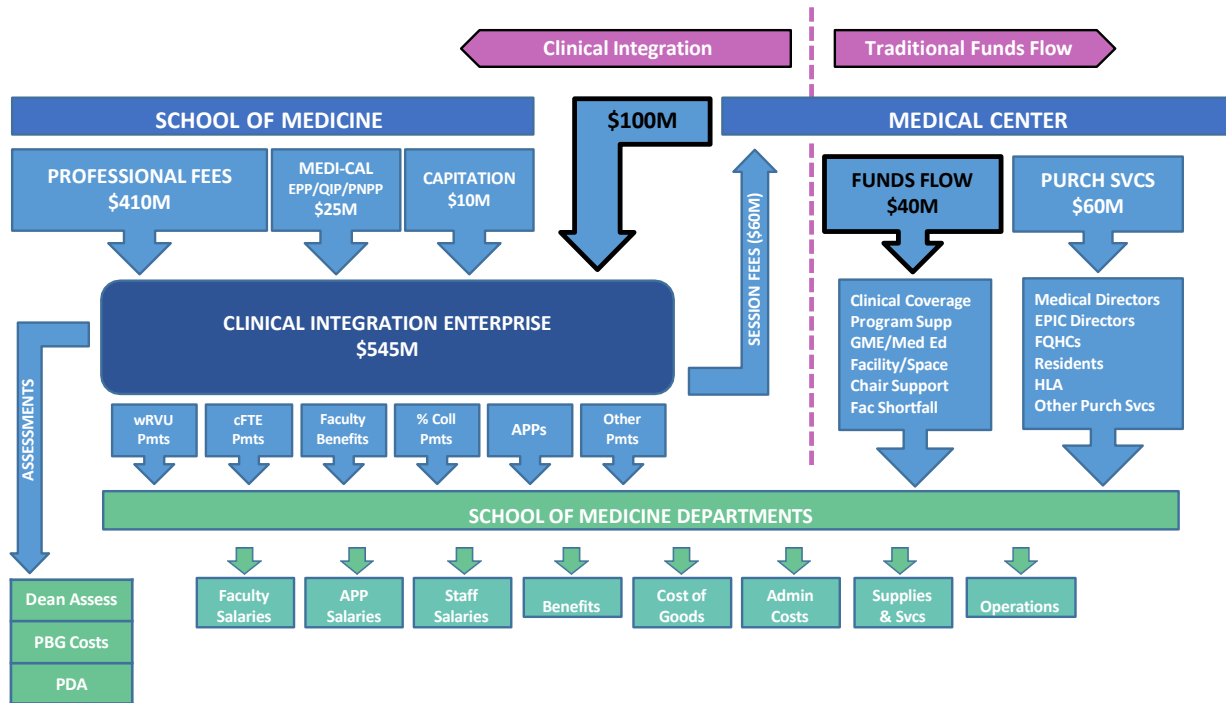
FY20/21

Clinical
Integration
Refresh
Engagement

The Chartis
Group

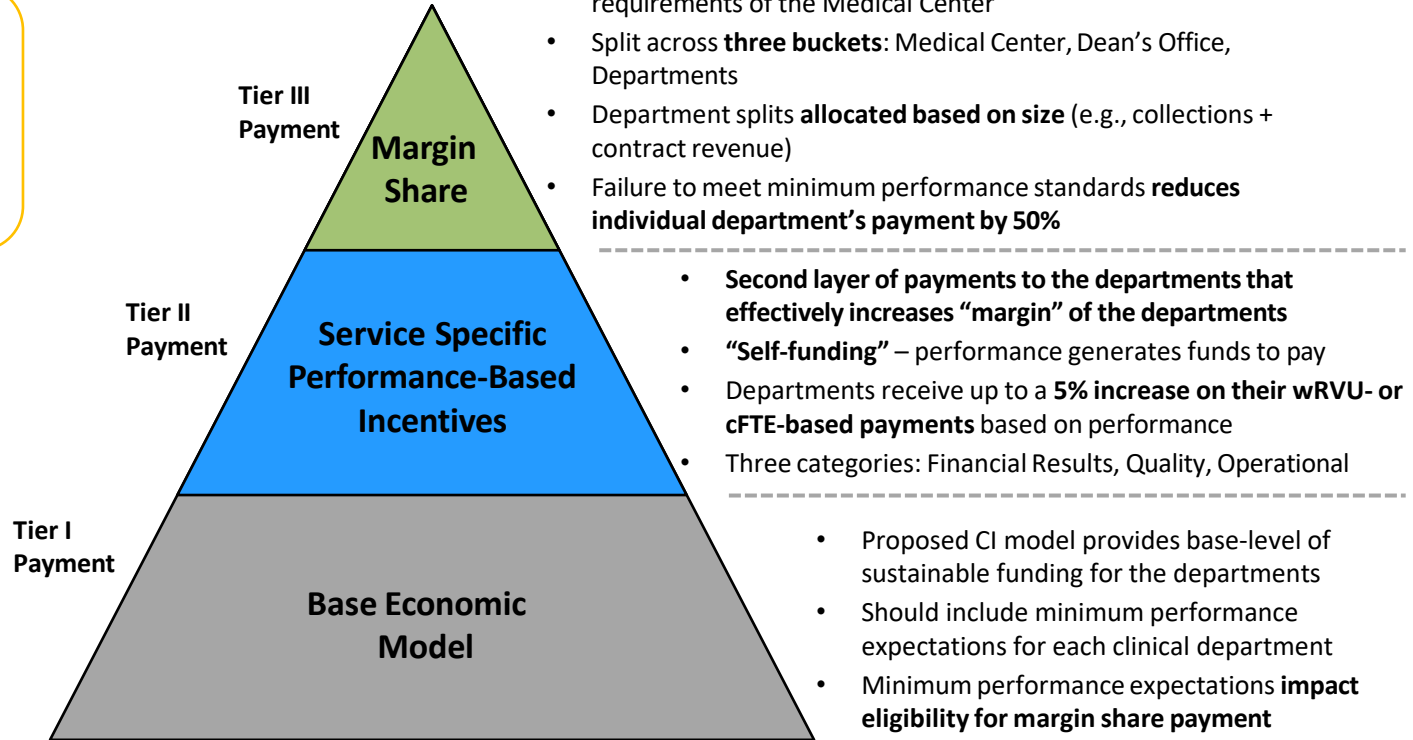
UCI Health

UCI HEALTH CLINICAL INTEGRATION & FUNDS FLOW OVERVIEW 2023-24



Enterprise Economic Model

Three Tiers of Potential Payments



Discussion and Questions