Volunteer Clinical Professor Series

☐ APM-279

☐ “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.”
## VCP Series – 3 Groups

<table>
<thead>
<tr>
<th>Description of duties</th>
<th>Volunteer Group-1</th>
<th>Volunteer Group-2</th>
<th>Volunteer Group-3</th>
<th>HS Without Salary (WOS)</th>
</tr>
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<tbody>
<tr>
<td>Provider with no UCI clinical privileges and no involvement at affiliate sites (e.g., offsite community physician volunteer, community MedEd preceptors)</td>
<td><strong>APM 279</strong></td>
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<tr>
<td>Provider with UCI staff physician appointment/clinical privileges, and no teaching responsibilities at affiliate sites</td>
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<tr>
<td>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)</td>
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<td>Provider employed/salaried by an affiliate site with teaching responsibilities at the affiliate site (e.g., LBVA, CHOC, LBM-MCH)</td>
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<tr>
<th>Type of academic appointment</th>
<th>Volunteer appointment</th>
<th>Volunteer appointment</th>
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<th>HS Clinical Professor Series WOS</th>
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<th>Required information in chair letter</th>
<th>Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service)</th>
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<th>Please see requirements for HS Clinical Professor Series</th>
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<td>**<em><strong>MUST INCLUDE ATTESTATION STATEMENT</strong></em></td>
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<tr>
<th>Required documents</th>
<th>Volunteer appointment packet</th>
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<th><strong>HS clinical professor series checklist</strong></th>
<th><strong>UCI-SOM affiliate paperwork</strong></th>
</tr>
</thead>
</table>

| 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)***
VCP Series

Group 1

- No UCI clinical privileges
- No involvement at affiliate sites

Examples:

- Offsite community physicians
- PACE/MedEd preceptors
VCP Series

Group 2

- UCI clinical privileges/staff physician appointments
- No teaching responsibilities at affiliate sites
- Typically, moonlighters, per diems
VCP Series

Group 3

- Teaching responsibilities at affiliate site
- **NOT** employed/salaried by affiliate site

**Examples:**
- Private practice group contracted with affiliate site (CHOC)
- Practitioner who provides per diem work at affiliate site
Volunteer appointments may last up to 5 years before next mandatory review.

**Submit New Appointment and Promotion packets at least 3 months prior, reappointment packets 2 months prior to end date**

Revised process for appointments and reviews

Incorporates feedback from department chairs
VCP Series – Key Changes

- 75-hour contribution requirement can be in areas of teaching, patient care, service

- Simplified one-page referee feedback form for appointments

- Updated Verification of Good Standing Form, available on our website. List of common Med Staff Offices is available.

Parallels peer review forms used by Medical Staff Credentialing
Date: Click or tap to enter a date

TO: Referee First, Last Name

FROM: Department Chair

SUBJECT: [Action] for First, Last Name of Candidate

The [Department of] at the UC Irvine School of Medicine is proposing [First, Last Name of candidate] for an appointment as Choose an item. The purpose of this appointment is for teaching, patient care, and/or University service and may include supervision of UC Irvine medical students, residents, and/or fellows in clinical and/or classroom settings. At the rank being proposed for this candidate, 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 this position in the following categories:

**Clinical (Quality of Clinical performance)**
- Knowledge of basic and clinical sciences
- Demonstrates commitment to the delivery of safe, quality, cost-effective, patient-centered care

☐ Unsatisfactory  ☐ Satisfactory  ☐ Superior  ☐ Unable to assess

**Teaching (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

**Service/Collaboration**
- Participates in organized clinical discussions, interdisciplinary sessions, journal clubs and/or conferences

☐ Unsatisfactory  ☐ Satisfactory  ☐ Superior  ☐ Unable to assess

**Additional Information**

The University of California at Irvine thanks you for participating in the appointment process. If you have any questions, please contact [Department contact]. Your name typed and date at the bottom of this page will suffice as a signature.

Signature: _____________________________  Date: _____________________________
Encourage transition from HS series WOS to Volunteer Clinical Professor Series where appropriate

Less cumbersome appointment and review process

Longer interval between reviews
VCP Series – HS WOS to VCP

Abbreviated Process for HS WOS to Volunteer Clinical Professor Series (where appropriate)

**Contact our Office prior to starting any paperwork

**Must have:**
- **Positive** outcome review in the last 2-3 years
- Abbreviated process follows Reappointment checklist.

- HS Clinical Instructor WOS does **not** qualify for abbreviated process and will need a new appointment packet to change to VOL series
COMMONLY MISSED AREAS:

1. **Appointment Summary** – License expiration, Date of Board certification, Teaching Location
2. **Chair Letter** – Correct proposed title, start date, duties, 75 hours contribution, date and signature of Chair
3. **APM-279** – Questions #1, 4, 6 are often incomplete
4. **Referee Feedback Form** – Correct proposed title, name of person giving recommendation is legible at the top, date at the bottom. The person writing/signing the Chair letter may **not** complete this form.
5. **CV** – Make sure this is updated with current employment listed.
6. **Child/Elder/Dependent Abuse Forms** – Make sure name and title are printed on the forms
7. **Certificate of Professional Liability** – Make sure this is not expired
**8. Professional Credentials** – Choose Option 1 or 2 on the checklist, and provide the documents listed. Our office has a running list of contact info of other institutions for Verification of Good Standing.

<table>
<thead>
<tr>
<th>Professional Credentials: Choose one</th>
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<tbody>
<tr>
<td><strong>Option 1</strong></td>
<td></td>
</tr>
<tr>
<td>Appointees Applying for or currently holding UCIMC Medical Staff privileges</td>
<td></td>
</tr>
<tr>
<td>Copy of Medical Staff application or Letter from UCIMC Medical Staff Office</td>
<td></td>
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<tr>
<td>Alert Academic Affairs if medical staff privileges are not granted</td>
<td></td>
</tr>
<tr>
<td><strong>Option 2</strong></td>
<td></td>
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<tr>
<td>Appointees NOT Applying for UCIMC Medical Staff privileges</td>
<td></td>
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<tr>
<td>Verification of Good Standing from all other Medical Staff Offices</td>
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<tr>
<td>AND</td>
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<tr>
<td>Completed Medical License and Professional Liability Form, with attached copy of Proof of Professional Liability Insurance</td>
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Important Notes

*Use most updated checklists and forms – found on our website.

*Review the file against the Checklist for any errors or missing information before submitting to our office.

*Cutoff for files is 15 days before the scheduled meeting date. Meeting dates are listed on our website.

*Allow a minimum of 60 days for approval letter from the date that file is complete and reviewed by VFAC.

*Submit files early! We cannot guarantee that the file will be on the agenda due to total number of files submitted and Committee workload.
Important Notes

**IMPORTANT:** Monthly Progress Reports – These reports are emailed to Departments on a monthly basis, and it is important to review these thoroughly.

- Review monthly Progress Reports for upcoming end dates.
- Double check that all of your New Appointments have been entered into UC Path, and that your Promotions and Reappointments have been updated accurately.
- Recent separations will still show up on your report if the Expected End date & Termination date don’t match. Please submit a Service Now request to update that information.
- Submit reappointment packets 2 months prior to end date to avoid any gap in service.
QUESTIONS