VOLUNTEER CLINICAL PROFESSOR SERIES UPDATES
Volunteer Clinical Professor Series

APM-279

Community practitioners

Contributions

• Teaching
• Patient Care
• Clinical Research
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

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
<table>
<thead>
<tr>
<th>APM</th>
<th>Volunteer Group-1</th>
<th>Volunteer Group-2</th>
<th>Volunteer Group-3</th>
<th>HS Without Salary (WOS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>APM 279</td>
<td>Provider with no UCI clinical privileges and no involvement at affiliate sites (e.g., offsite community physician volunteer, community MedEd preceptors)</td>
<td>Provider with UCI staff physician appointment/clinical privileges, and no teaching responsibilities at affiliate sites</td>
<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>
<td>Provider employed/salaried by an affiliate site with teaching responsibilities at the affiliate site (e.g., LBVA, CHOC, LBM-MCH)</td>
</tr>
<tr>
<td>APM 279</td>
<td>Volunteer appointment</td>
<td>Volunteer appointment</td>
<td>Volunteer appointment</td>
<td>HS Clinical Professor Series WOS</td>
</tr>
<tr>
<td>Required information in chair letter</td>
<td>Must address scope and proficiency in areas of expected contribution (e.g., teaching, clinical, service) <strong>MUST INCLUDE ATTESTATION STATEMENT</strong></td>
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<td>Please see requirements for HS Clinical Professor Series</td>
</tr>
<tr>
<td>Required documents</td>
<td>Volunteer appointment packet</td>
<td>Volunteer appointment packet</td>
<td>Volunteer appointment packet</td>
<td>*HS clinical professor series checklist</td>
</tr>
<tr>
<td>Review timeline/interval</td>
<td>Minimum every 5 years</td>
<td>Minimum every 5 years</td>
<td>Minimum every 5 years</td>
<td>*Routine based on rank/step</td>
</tr>
</tbody>
</table>

***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)***
Volunteer appointments may last up to 5 years before next mandatory review. **Submit 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
Parallels peer review forms used by Medical Staff Credentialing

Updated Verification of Good Standing Form, available on our website. List of common Med Staff Offices is available.
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
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
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
Commonly missed areas:

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.

**Professional Credentials: Choose one**

| Option 1 | 
| --- | --- |
| Appointees Applying for or currently holding UCIMC Medical Staff privileges |
| Copy of Medical Staff application or Letter from UCIMC Medical Staff Office |
| Alert Academic Affairs if medical staff privileges are not granted |

| Option 2 | 
| --- | --- |
| Appointees **NOT Applying** for UCIMC Medical Staff privileges |
| Verification of Good Standing from all other Medical Staff Offices **AND** |
| Completed Medical License and Professional Liability Form, with attached copy of Proof of Professional Liability Insurance |
*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.

*Review monthly Progress Reports for upcoming end dates. Submit reappointment packets 2 months prior to end date to avoid any gap in service.

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