DRAFT

Department of Medicine

Fiscal Year 2009-10

Faculty Compensation Guidelines

CONFIDENTIAL
FOR DEPARTMENT FACULTY REVIEW ONLY
DOM Faculty Compensation Guidelines: For FY 2009/10

The Department of Medicine compensation guidelines for FY2009/10 are modeled from the Health Science Compensation Plan (HSCP), (the Uniplan) implemented July 1, 2002. The Department follows additional guidelines and standards provided by the Vice Chancellor and Dean of Health Sciences for budget preparation and achievement of strategic goals. This document conveys both the principles of Faculty compensation funding and the practical application of those principles for Department of Medicine Faculty.

These guidelines were initially developed and are modified annually by the Executive Faculty and the Finance Committee of the Department of Medicine. The guidelines are provided to all new faculty within their initial appointment information. The guidelines are published to all faculty annually with a message from the Chairman requesting comment and suggestions. Any comments from faculty are reviewed at least annually by the Department Finance Committee. Revisions based on those comments are incorporated into the guidelines and presented in the next annual communication. The Chairman will present these guidelines at least annually in a meeting of the faculty.

**Department / Division Assessments:**

A variety of contributions to the Department are necessary in order to meet various budgetary obligations, for programmatic investments that serve the common good, and for payment of Department overhead costs. It is assumed that these contributions can be generated, either directly or indirectly, through 19900 salary savings, clinical income sources and other unrestricted funds. Contributions to the Department for these purposes will be prospectively planned, reasonable and equitable. The impact of these contributions on individual faculty will be reviewed carefully during the budget process. The Chairman, Vice Chairman and Division Chief will review individual cases and work closely to modify any significant negative impact on faculty base salary by adjusting the elements of this or succeeding plans.

From time to time Divisions will require contributions for specific Divisional obligations such as the recruitment of a junior faculty member, on-call coverage or the stipend of a clinical fellow. These obligations will be determined prospectively and sources to provide for them will be determined each budget year. The Division Chief may recommend a Divisional assessment to assure the funding of these obligations. Divisional assessments must be approved by the Chairman prior to or during the initial budget meeting of each division. Divisions with faculty who participate in the Clinical Enterprise Incentive Plan will consider the parameters of that plan in relation to Divisional assessments. The Divisional assessment may be one mechanism by which a pool for redistribution of Incentive Compensation can be created. All Divisions are required to break even on Clinical Expenses.
Timing of the Negotiation Process:

The School of Medicine Budget Process for the FY2008/09 cycle requires that all budgets must be submitted complete no later than April 1, 2008 to the School of Medicine Dean’s Office. Consequently, the Department of Medicine begins it’s planning for the faculty salary component of its budget in October of 2007. The Department will assemble a summary of all known salary sources and salary history information and provides this summary to each faculty member in December. Faculty are encouraged to communicate their salary sources and desired salary to their Division Chief no later than January 1, 2008. All recommendations regarding salary are conveyed to the Chairman by the Division Chiefs no later than February 18, 2008.

Individual faculty salaries approved in the budget are implemented after approval of the Dean the following July and generally remain constant during the fiscal year. Increased clinical activity over and above what was projected may result in increased compensation through Z component. Salary increases may be requested for grant funding awarded before October 1, but not confirmed during the budget process. Any request for a change of salary of more than 10% (either an increase or decrease) should be accompanied by a request from the Division Chief to the Chairman indicating the rationale, and citing division equity, new work assignments, promotion or other accomplishments or circumstances to support the change. Increased support obtained during the year after the October 1st cut off will be considered as a base for compensation in subsequent years. Each faculty member will receive a document confirming annual salary after approval by the Dean. An off-cycle salary increase may be requested only due to circumstances not foreseen in the budget. After October 1, receipt of a new grant is not a permissible cause for off-cycle request for salary increase.

General Principles

1. All sources for salary support must be identified prospectively. These include, but are not limited to:
   a. **Clinical income from Professional Fees.** Clinical activity is projected based on prior year’s data and known scheduling/program changes and summarized in a divisional clinical manpower plan. Any anticipated, specific practice activity change will be documented and approved by the Division Chief. Methodologies for calculating clinical compensation funds may change from time to time as a result of new billing methodologies adopted by the Medical Group. At this time, the Department will rely on current methodologies for calculating funds available to meet the deadlines for the FY08/09 budget year.

   Each Division will identify clinical manpower for their current and proposed service needs. Manpower planning will begin with the division specific definition of a “full time” clinical faculty member. This will include number of work weeks per year; scheduled clinical sessions per week; hours and visit volume estimates per clinic session; scheduled procedure session and expected number of procedures per session; inpatient coverage by session; on-call assignments; number of clinical teaching sessions per week and any other assignments pertinent to the division. If clinical service agreements for off site locations are a part of the divisions service, these sessions should be indicated in the plan and will be projected on a session basis for those faculty who provide the service. Each Division will use these metrics to identify and communicate expected productivity for faculty in comparison to an appropriate benchmark. Using historical data, each division will make best effort
to identify collections after overhead per RVU and will then estimate clinical salary per full time FTE faculty member based on expectations. These data will assist in identifying clinical effort for each faculty member.

b. **Salary from grants awarded.** Effort percent salary allocation must be consistent with the approved grant award. Data from the Grants and Contracts database showing effort declared on existing and anticipated awards will be utilized during the salary planning process. The limits set by funding agencies with respect to total effort and salary caps will be followed. Salary awarded to faculty must be expended as awarded. Faculty with substantial pending funding will not have confirmed information before the budget deadline. Consequently a salary floor will be established and a late salary increase may be requested until October 1, based on information available later in the season. Based on the score or early feedback indicating the good probability of funding, the Chairman may approve a “Plan B” salary structure that will allow a salary to be funded on a specific contingency index such as a foundation fund, and then transferred to new awards when they arrive. All data to support the alternatives should be provided by the faculty member no later than February 1, 2008.

c. **Grant funding paid through VMRF** by Personnel Agreement must be acknowledged by the VMRF fund manager and will be used as the basis of salary only when an index number is available. To meet budgetary deadlines, Faculty with VMRF funds must initiate the PA no later than January 1 to assure that funds are available for the new fiscal year. Salary negotiated on direct pay VMRF sources are considered non-guaranteed per the VMRF / UCSD agreement. Should projected sources from VMRF not be forthcoming the faculty salary will be reduced after notification of the faculty member. Consistent with the VA/VMRF affiliation agreement, departments are not at risk for salary shortfall due to absence of VMRF grant funds.

d. **State FTE resources (19900 funds).**

e. **CEDF funds** are intended to be transferred for distribution to individual physicians for salary support or divisional support based on TRVU and with intended distribution based on productivity. CEDF RVU support funding is variable, uncertain and will be expended as Z payment to the extent possible after the funding is received. CEDF recruitment support is provided only to the individual identified by the division as serving the approved function. Limited block funding will be available for Chair funding and other specific programs.

f. **Individual accounts.** An individual fund used for salary should show the balance needed for the salary coverage in advance. Funding of Medicine operating accounts for Foundation funds must be transferred one quarter in advance of the time needed for salary.

g. **ASCs as confirmed by the Hospital leadership.** Hospital Medical Directorships are expected to require time reporting in FY 08-09. The Medical Center has indicated that failure to turn in time reports will result in non-payment of the Medical Directorship stipend. Consequently, the department will be forced to budget a component up to 50% of the ASC amount as Z rather than base salary.
h. **Service Agreements and other contracts as confirmed by contract.**

i. **Clinical Trials income.** Faculty with substantial involvement in clinical trials will be expected to provide for at least 10% salary on those clinical trial funds. PI and fund manager confirmation will be requested.

j. **Other sources,** such as Consulting and Witness fees in excess of $20,000 or 20% of covered compensation (X, X’ and Y’) whichever is greater, will be included based on the guidelines of the UNIPLAN. Consulting and Witness funds will be budgeted for salary only if the source is assured in writing in advance. Confirmation letters, signed by a corporate authority of the sponsor, should be directed to the Business Officer no later than January 1, 2008. Unbudgeted Consulting and Witness funds received mid year may be paid as a Z payment after being recorded by the practice plan.

k. **VA 8ths** as confirmed through the VA Medicine Service. VA salary is considered as a component of total salary, but is paid directly to the Faculty member by the VA. VA funds are not considered as covered compensation for UCRP retirement calculation purposes. VA 8ths are not considered institutional base salary for purpose of determining salary for NIH grants at University of California.

l. During the annual budget process, Faculty compensation will be reviewed, assuming sources are documented and available, based on the following:
   i. University base compensation for rank and step
   ii. Cost of living adjustments
   iii. Acceptance by the faculty member of significant new responsibilities
   iv. Faculty productivity.
   v. Merit and promotion advancement
   vi. Sources and Uses guidelines as published by the SOM.
   vii. Other.

Proposals by Division Heads for faculty salaries should be reviewed in the context of equity within Divisions and in the context of the relevant AAMC published benchmarks.

2. **Salary Savings (from state FTE funded faculty)**
   a. Overall, a fraction of funds associated with state FTE support is required to meet Departmental obligations, including the teaching mission of the Department. These funds are termed “salary savings.” A defined percent of FTE support which must be recovered in salary savings will be determined, and will be a consistent for all FTE faculty. For FY2008/09 the Department will specifically identify the amount that must be returned to the State for the 1992 and 2004 Budget cuts. This plan will be modified as necessary to accommodate the state requirements.
3. Faculty who desire to negotiate a salary above the minimum for their rank and step will be expected to contribute a component of that increase towards the teaching needs of the Department. The contribution will range from 7.5% to 15% of Y and Y’ based on the activities and compensation level of the individual faculty member. Credit for exemplary teaching effort will be considered by the following criteria, which will provide for 4% credit each for up to two criteria per year. Teaching credit standard is based on 1) Teaching attending at Hillcrest requiring 60 hours of contact and preparation time, or 2) fifteen hours of didactic teaching in a published course. Criteria will be based on FY2007/08 activities which will be credited in FY2008/09. Contributions will be adjusted from funding (such as clinical revenue) which has been previously assessed. Contributions from restricted funding sources such as VA grants; federal grants may not be assessed.

4. UCSD Faculty with VA Salary components: The office of the President mandated that compliance with the UC/VA Split Appointment plan become effective July 1, 2003. Faculty with VA 8ths receive VA pay directly and only University derived wages will be eligible as cover compensation. There will be no change in negotiated salary; however the University payroll system will reflect only the actual percent of salary derived from the University. Using current guidelines, based on the number of VA 8ths, the maximum UC appointment percent would be as follows:

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<th>VA Appointment (in 8ths)</th>
<th>Maximum UC Appointment %</th>
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VA has implemented a compensation review committee, the VA Compensation Pay Panel. At the discretion of the VA Chief of Medicine, a request can be made at any time to have a VA faculty member’s salary reviewed to ensure it is at an appropriate rate. The VA Pay Panel may respond with a revised upward salary. It would be the intent of the Department of Medicine to allow the VA faculty member to retain this increase without a reduction in their UC pay. VA faculty that may receive an increase due to an adjustment as provided by the VA Pay Panel are the only Department faculty that can have an adjustment to their negotiated salary without requiring a Mid-year salary request. It would be in the best interest of the faculty and the Department to encourage the VA Medicine leadership to communicate their salary intent to the DOM Faculty Compensation Office so that coordination of any impact and approvals can be handled timely.

5. Clinical income: The department guideline with respect to the clinical practice is to deduct clinical expenses and Medical Group overhead prior to distributing clinical income to divisions for faculty salary. A contribution of 3.5% on clinical income is required to support Departmental endeavors, 2% is redirected to the infrastructure of the Divisions and up to 1.0% is reserved for redistribution between divisions and for unforeseen expenses of the practice. For FY2008/09, clinical cost plus overhead projections will be
modeled for each division and will vary based on the cost of their practice. Division Reserves of 3% may be established, but should be anticipated in advance based on the manpower plan.

6. Clinical Incentive Compensation Plan (CICP). Faculty in the clinical Divisions of the Department of Medicine will be able to participate in the CICP established in 2003 per Department guidelines. Participation will be managed by each Division. Participation for Primary Care Business Plan and Hem/Onc Business Plan faculty will be governed by the requirements of the Business Plans. Each Division will be expected to establish parameters for participation. Departmental Guidelines are provided in Attachment A.

7. APUs define groupings of faculty and their assignments to the various salary scales. An APU may describe an existing formal division, or other groupings of faculty based on appropriate programmatic or functional similarities that focus on an academic program area, such as similar clinical and/or teaching and research responsibilities. APUs cannot be created based solely or primarily on earning levels. APUs must be defined academically. All Department compensation plan participants, including Ph.D. faculty, must belong to an approved APU. Except under unusual circumstances, and only with the approval of the VCHS, mid-year adjustments in APU salary scales are not permitted. For FY2008/09 the Department does not plan to implement additional APUs above Scale 3 until funding of current and future 415M liability can be assured without fiscal consequence to the Department. As offered by the School of Medicine, the department plans to re-evaluate and provide further guidelines for existing APU assignments. All existing APU assignments must be considered in terms of permanent funding for the long-term cost of increases to pension costs the Departments incur. Any liabilities generated by 415M will be charged to the respective faculty member as it is incurred. Past liabilities will be charged as follows: the standing liability will be spread out over the number of years between now and their 65th birthday in equal amounts. An unrestricted index or personal check would be required.

8. Faculty who wish to have a Leave of Absence, with or without compensation will follow guidelines set by the University and will present a written request for leave to their Division Chief and Chairman in advance.

9. For purposes of budgeting, the Department will estimate an average fringe benefit cost covering all salary sources, (including clinical and ASC funds and Consulting/Witness fees utilized for compensation), all faculty for any rank and step, and all salary components. The fringe amount must be anticipated and accounted for from all sources. For FY2008/09 the average for budgeting purposes is 16% of salary. In fact, fringe rates vary among faculty. For example, a junior faculty member with a lower salary and family health coverage may have a higher percent of salary needed to cover fringe benefits. A senior faculty member with higher salary and lower requirements for health coverage would find that fringe benefits are a lower percent of salary. Rates vary from 8% to 23%. In the application to payroll, the ACTUAL fringe costs are deducted from salary and apply not to the fund source, but to the component of salary. For example, X, X’ and Y’ generally have a higher rate of benefits costs than Y. Z is not considered for health benefit costs, but is assessed for state mandated taxes such as unemployment and state disability. If the faculty member’s fringe rate is lower than 16%, the unused funds remain available during the year. If the fringe rate is more than 16%, a deficit may occur and must be addressed with fund managers early in the fiscal year.

10. Some Department of Medicine Faculty participate in specific clinical programs supported by Enterprise Funding with specific conditions of participation. For faculty with a clinical practice in the Primary Care Service Line, Hospitalist Program, or
Hematology/Oncology Service Line; specific requirements regarding productivity and compensation are outlined in a separate compensation document. The requirements of those plans apply in addition to the Department of Medicine Compensation Guidelines.

11. Income generated for occasional outside activities should be consistent with Health Sciences Compensation Plan (Uniplan). Income over the limit which may be directly retained by the faculty member ($20,000 or 20% of covered compensation, whichever is greater will be recorded through the practice plan. Faculty may forward checks to the Medicine Compensation office or to their fund manager. Upon receipt, the Department will deposit through the Medical Group and pay the faculty member a Z payment on the payroll one month after receipt. Faculty may also establish specific instructions to retain these funds in an individual index for unrestricted purposes as they choose. Good Standing Criteria for participation in occasional outside activities have been established and are incorporated as attachment C. Faculty are encouraged to comment on these criteria.

12. Overall effort should be a consideration when determining salary, associated funding sources, and amount of related effort tagged to each funding source used. Ensuring there is an appropriate amount of overall effort available is the responsibility of the faculty member. The Faculty Salary Worksheets include tools for the staff and fund managers to use as a guide to help determine effort availability. Effort considerations should include but not limited to clinical effort, grant obligations (federal and non-federal), and unrestricted funding sources.

All funding will have effort associated with it and if not accurately determined, can have significant liabilities associated with it, including but not limited to the return of funds to granting agencies.

Effort Reporting on the faculty salary worksheets ensures a faculty’s salary is commensurate with their effort (time). In addition, it ensures that faculty dually compensated from both their academic institution (UCSD) and affiliated VA medical center (San Diego), do not exceed their available institutional effort. Effort allocation is distributed in the following order:

a. Effort from VA 8ths (if applicable). Based on formula:
   i. Number of 8ths divided by 8 = VA Percent.
   ii. VA Percent multiplied by 40 hours = VA hours.
   iii. VA hours divided by 60 hours = Effort from VA 8ths.

b. Effort from sponsored projects. Based on time expended on grants per awarded proposal.

c. Effort from non-sponsored projects. Based on estimated expended time on other projects.
Attachment A: Guidelines for Clinical Incentive Compensation Plan – Department of Medicine

**Timeline:** Divisions are encouraged to review and modify Divisional Clinical Incentive Compensation Guidelines annually; not later than November 1. Revisions should be forwarded to the Business Officer by December 1st so that faculty salary worksheets may be prepared for the negotiation process.

**Goals:** The Goals for the Department of Medicine for FY2008/09 are 1) Promote Teamwork, 2) Reward the teaching of clinical medicine and 3) Reward physician productivity. Each Division is encouraged to develop an additional goal meaningful to their service.

**Process:** Each Division will identify clinical manpower needs and resources. Each division will describe a plan for clinical coverage for existing and new clinical programs. Each faculty member will be identified by track or division specific criteria, and will be provided with clinical effort expectations which will include scheduled clinic/procedure/on-call/RVU metrics. The division will make best effort to identify clinical earnings estimated based on assignment – e.g. wRVU earnings for inpatient, outpatient, and procedures. The division will define the mix of clinical activity for each faculty members target wRVU and salary. These clinical revenue estimates will form the basis of annual clinical salary negotiations and annual budgets. The divisional plan will identify potential for deficits and requirement for redistribution of revenue within the division.

**General Parameters:** The majority of incentive compensation is provided by the at risk Z compensation component of the clinically active faculty. With some modification to allow for ease of reporting, this system will remain intact. The objective of the plan is to allow for incentive to increase activity. Consequently, upper limits or caps will not be used. Location neutral, payer mix neutral methods of distributing incentive compensation are encouraged. However, School of Medicine approval is required for any Z payment above the expected budget amount.

Each Division may add a Division based, Division funded clinical incentive compensation component based on the unique needs of their clinical services. The Division based CIP will provide for a distribution in addition to or in lieu of the existing Z process.

**Principles:**

**Who may participate:** All full time (non-voluntary) faculty with regularly scheduled clinical activity who perform clinical teaching over and above Medicine 401, are qualified to participate. The University specifications for MSP contracts do not allow flexibility for these faculty to participate in incentive compensation.

**Redistribution within divisions:** Divisions will plan for an assessment to redistribute clinical funds as needed. The assessment will cover on-call needs, fellow stipends, redistribution for new faculty recruitment and any other faculty related planned need for manpower. A portion of that assessment will be redistributed within the Division based on CIP criteria developed in advance with input from the clinically active Division members. Options might include recognition of clinical teaching load, coverage of less lucrative but necessary services, per RVU distribution, redistribution from procedure based to E&M code based services, leadership of fellowship programs, or other items important to the mission of the division/service.

**Practice Expense:** Each Division may identify a reasonable, fixed, annual amount per faculty member for clinical practice expenses which may be deducted from clinical (60105) revenues. Expenses might include license fees; lab coats, pagers etc. A suggested fixed amount of $2,000 per faculty may be considered. The expense amount may be added to the divisional overhead prior to distributing funds for salary.
**Divisional Reserve:** Divisions may plan for a specific assessment to reserve of up to 3% of net collections after annually. The enterprise funded divisions of Hospital Medicine, Primary Care and Hematology/Oncology are exempt from this opportunity. The reserve will build a fund which may be used for investment or to provide for faculty salary during health related leave.

**Uniform redistribution of Divisional Net Income:** Divisions may have unutilized 60105 pro fees unassigned and available at year end. So long as a 3% reserve is maintained, divisions may implement a uniform, predetermined process to distribute the revenues to full time faculty as bonus Z. Redistribution does not apply to Enterprise or Department funded divisions whose net income is first used to reduce contributor costs. Those Divisions are encouraged to develop specific bonus plans approved by Enterprise leadership.

**School of Medicine or other Incentive plans:** Should School of Medicine Clinical Department Incentive plan funds become available, they will be distributed to divisions according to the criteria developed by each division and which have been approved by the Chairman.

**Attachment B: Process for constructing salaries in the Personnel and Payroll System.**

The Department will construct salaries using the following guidelines which are based on the requirements of University Payroll and the Academic Personnel Office. Allocation of funds will be prioritized in the order listed. Note: Salary contributions stipulated on grants must be fully applied to salary.

a. **X:** the base compensation approved by University of California for each faculty rank and step. X will be identical for any faculty member regardless of their departmental or school affiliation.
   i. Extramural funds (Grants, Contracts, Gifts) that have specific percent effort allocation.
   ii. FTE funds as per paragraph 3 above.
   iii. ASC’s and Service agreements
   iv. Clinical funds as per paragraph 5
   v. Individual, Divisional or Department sources
   vi. VA 8ths are noted for record purposes only. VA compensation is paid direct to the faculty member.

b. **X’:** a multiple of X (1.3) which is approved by the University as a part of covered compensation for UCRP retirement calculations. X’ was established to recognize the market differential for Medical School faculty and the generally higher salaries of physicians. Where financially feasible, by Division, X’ may be included as a factor in non-Physician salary base as well.
   i. Extramural funds (Grants, Contracts, Gifts)
   ii. ASC’s and Service agreements
   iii. Clinical funds
   iv. Individual, Divisional or Department sources
   v. VA 8ths are noted for record purposes only. VA compensation is paid direct to the faculty member.

c. **Y’:** a variable multiple of X which is approved by the University as a part of covered compensation for UCRP retirement compensation. Y’ applies only to faculty in approved Academic Program Units above scale 3.
   i. **Y’** is required only of faculty in an approved Academic Program Unit above APU 3.
   ii. Faculty must maintain approved compensation source for the APU minimum.
iii. Faculty who are members of the APU are required to maintain funding as a group and support members who fall below minimum. In addition they may be required to provide annually an unrestricted source to cover payment for the 14.91% share associated with the Y’ component that is contributed to the Retirement Reserve fund. Finally, should the required funding for retirement exceed the amount allowed by IRS 415 M provisions, the APU member may be required to provide an unrestricted source to cover payment of any retirement assessment.

d. Y: Any amount above X and X’ which may be negotiated by the faculty member based on sources available, and other factors reflected in the compensation guidelines. Y is not considered covered compensation for UCRP calculation purposes.

   i. Extramural Funds, (Grants and Contracts and gifts)
   ii. ASC’s
   iii. Individual funds
   iv. Clinical funds
   v. VA 8ths for record purposes only.

e. Z: A budgeted but flexible funding amount which may be paid monthly or as a bonus. Z is not considered base salary, nor is it considered covered compensation for UCRP calculation purposes. Z is not assessed for fringe benefit related costs or FICA, and is only reduced by mandatory state assessments (State Disability tax)

   i. Generally, only clinical funds comprise Z.
   ii. Z payments will not be guaranteed, but rather will be based on actual clinical collections after overhead cost and faculty salary (X, X’, Y’, and Y components and benefits) paid on clinical sources are deducted. Faculty activity will be projected based on collections.
   iii. Z will be paid regularly (monthly, quarterly, or annually for “bonus” compensation) with regular reconciliation of collections, overhead and non-Z salary obligations. Each faculty member will receive an e-mail indicating the amount of a Z payment on or before the payroll date of the payment. Each faculty member receiving Z payments will receive a quarterly Z worksheet showing all Z calculations. The payment schedule will be established prospectively for the year.
   iv. For each payment, Z will be estimated utilizing collections data from IDX for the most current month available. Managed Care collections will be estimated using the Medical Group report of payment per RVU calculated as a percent of managed care charges for the most current quarter available. Z will be defined by formula without a ceiling.
   v. Bonus Z will be paid annually after the fiscal year close and all calculations described above are complete.
   vi. Z may also be paid as a result of expert witness or consulting income that is turned over to the University, although such income may be used for other components of salary as well.
Attachment C: Department of Medicine: Good Standing criteria for implementation of Health Sciences Compensation Plan.

Department faculty members in the HSCP must comply with the Department’s “Good Standing Criteria” in order to remain in the HSCP, engage in outside activity, and successfully progress academically.

Any faculty member not in good standing will be notified by their Division Chief in writing. Notification will include the reasons for determination and any recommended remedy, as well as a time line to move back into good standing.

In order to remain in “Good Standing”, the following criteria must be met:

1: Fulfill clinical, teaching, research, and administration obligations as assigned.
2: Meet the Faculty Code of Conduct and other UC rules and regulations, including all required compliance classes, meetings, and procedures in a timely manner. Provide accurate and timely documentation related to outside actives.
3: Compliance with state and federal regulations as related to professional activities.
4: Collegial interactions with others.
5: Attendance at a minimum of 50% of department / health system meetings involving compliance issues.
6: Compliance with guidelines on outside professional activities will be met.
7: Meeting other requirements as determined by the department and described in the department’s compensation plan.
8: Where appropriate, maintain active medical staff memberships, boards, and current licenses.
9: Meet the practice standards and follow all policies of the UC San Diego Health Care System, School of Medicine, and Department, including billing, medical records, and incentive programs.