MSP Staff Physician Appointments

When is it appropriate to use a Staff Physician appointment?

Staff Physician titles should only be used where the role will be primarily clinical and where the criteria for evaluation will not include publishing, training or serving on departmental committees. The decision is typically driven by both departmental needs and individual physician interest.

Is it appropriate to have fellows or Chief Residents in Staff Physician appointments?

As of July 1, 2008, MSP Staff Physician titles may not be used for new Fellow appointments. This includes non-ACGME approved Fellows. Guidance will be provided by the Resident and Fellow Program.

Chief Residents who are still learners should be in Resident titles. If they are non-learners, the MSP Staff Physician title may be an appropriate placement.

What titles are available for use? How should they be determined?

Assistant Physician, Associate Physician, Associate Physician Diplomate, Senior Physician and Senior Physician Diplomate series specifications are available for use at Staff Physician Series Specifications, and should be used to determine appropriate classification.

What type of appointment (career, contract, limited) should be used?

A career appointment should be used when it is intended that the employee will continue their relationship with the university for an indefinite period of time at 50% or more. In these cases, compensation can be addressed on an annual basis to assure market and productivity measures are addressed.

A contract appointment should be used when the position is established for a fixed period of time with a defined end date.

A limited appointment should be used when the position is established at less than 43% time for an indefinite period of time, or at up to 100% for no more than four months.
Are UC appointments above 100% allowed for MSP Staff Physicians?

No, MSP Staff Physicians are guided by Staff Personnel Policy and Procedures which do not allow appointment above 100% for any MSP employee.

**MSP Staff Physician Compensation**

When is an employee covered by the Staff Physician Compensation Plan?

The Staff Physician Compensation Plan should be used when you:

- need to pay above the MSP grade assigned to the position;
- need to pay total compensation above the Regental threshold (currently $205,000 annually);
- choose to have a non-base pay component of salary; and/or,
- choose to offer incentives as a component of the individual’s total compensation.

What are the salary limitations on base pay, non-base pay and incentive pay under the Staff Physician Compensation Plan?

Base pay is considered covered compensation for retirement purposes and must fall within the assigned MSP salary grade. MSP VII is the highest salary grade assigned to a Staff Physician title. [http://www.hr.ucdavis.edu/Salary/Salary_Grade/MSP](http://www.hr.ucdavis.edu/Salary/Salary_Grade/MSP). Non-base pay is not considered covered compensation for retirement purposes and, when combined with base pay, may not exceed the maximum annual compensation set forth in the Staff Physician Salary Grades.

How should the MSP Grade be determined?

Assistant Physicians will typically be assigned to MSP grades III and IV based on market demands. Associate Physicians and above will typically be assigned to MSP grades IV through VII, again based on market demands. [http://www.hr.ucdavis.edu/Salary/Salary_Grade/MSP](http://www.hr.ucdavis.edu/Salary/Salary_Grade/MSP).

How should an individual’s MSP Staff Physician’s compensation be documented?

For contract employees, specific base, non-base and incentive criteria should all be addressed in the employment contract which may be amended if necessary.

For career employees, base pay will be guided by Staff Personnel Policy, 30 Salary, [http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/personnel_policies/spp30.html](http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/personnel_policies/spp30.html). All pay, including base, non-base pay and incentive criteria should be addressed in a [Statement of Salary Discussions](http://atyourservice.ucop.edu/employees/policies_employee_labor_relations/personnel_policies/spp30.html), including a statement acknowledging receipt of the UCDHS Staff Physician Compensation Plan.

What guidelines should be used to determine base versus non-base pay?
Base pay is considered covered compensation for retirement calculations and may be set anywhere within the assigned salary grade for the position. When determining base pay, consideration should be given to the amount of covered compensation a departmental Faculty member with comparable background would receive; if applicable, the amount a comparable PCN Staff Physician would be paid; and relevant market data.

For career employees, base pay will change as a result of merit, equity, reclass and promotion. For contract employees, base pay may only be adjusted based on contract language, or by addendum to the contract.

Non-base pay should be reviewed on an annual basis for career employees and based on contract language for contract employees. Non-base pay should be used to bridge the gap between covered base pay compensation and market driven compensation levels. Appropriate market levels may be determined based on average pay or productivity measures by specialty or subspecialty.

**Can variable, part-time physicians be paid on an hourly basis?**

Because physicians are considered exempt from premium overtime under the Fair Labor Standards act regardless of their method of compensation, they may be paid on an hourly basis.

**What guidelines should be used for determining incentive pay?**

Incentive pay shall range from 0 – 20% of annual base pay, prorated based on appointment, and shall be determined on the basis of departmentally developed, performance-based criteria. These criteria must be documented and approved by the Department Chair and Human Resources. Incentives may be based on predetermined targets, or they may be situation specific, i.e. for working unplanned call or urgent care shifts.

Target based incentives are generally paid on an annual basis. Situation specific incentives may be paid on a more frequent basis, generally no more than quarterly.

Payments for incentives must be authorized by the Department Chair and Human Resources prior to being processed by Payroll. The Department will be responsible for maintaining records of results that support the incentives.
Oversight and Reporting Requirements

When is an MSP Staff Physician subject to the limitations on outside earnings, consistent with the requirements of the Medical School Clinical Compensation Plan for clinical faculty?

An MSP Staff Physician is subject to limitations on outside earnings, if the physician is in a full time appointment, and if they are being paid under the UCDHS Staff Physician Compensation plan. It is suggested that appointments between 90-100% be considered full-time for purposes of this requirement.

An annual review of outside earnings will be conducted by the Department using the Compensation Plan for Staff Physicians – Outside Professional Income Guide.

Note: A full time staff physician is being paid under the UCDHS Staff Physician Compensation plan when:

- they are receiving non-base pay;
- they are eligible for target or situation specific incentive pay; and or
- their total compensation is above the Regental threshold (currently $205,000 annually).