Policy Name: **Quillen College of Medicine Policy on Policies**

Policy Replaces a Previous Policy (this includes change in policy name): ☐Yes/ ☒No If so, list name of previous policy (include policy number if different):
Policy Number (issued by the Office of Academic Affairs upon final approval): **ADMIN-0222-25**
Policy Owner (Individual, Department, or Committee/Chair): **QCOM Policy Review Committee / Beth Anne Fox, MD, MPH**
Committees, Departments, or Individuals Responsible for Implementation: **Quillen College of Medicine Policy Advisory Committee**
Original Approval Date and Who Approved by: **2/17/2022 / COM Policy Review Committee**
Effective Date(s): **2/17/2022; 11/9/2023**
Revision Date(s) (include a brief description) and Who Approved by (made by Policy Owner and/or Policy Advisory Committee): **11/9/2023 - updated the Policy and Procedure Approvals paragraph and deleted Appendix A Draft New Policy Template Form and replaced with the Policy Template Form / Policy Advisory Committee**
Administrative Edits (briefly describe) by Staff and/or the Policy Advisory Committee (PAC) and Date (these revisions do not require voting/approval by the policy owner): **7/8/2022 – changed review by Office of Compliance to "if applicable", added a sentence clarifying the formatting of the policy, returning to originator, and posting to website. Updated Appendix A to the updated Draft New Policy Template Form**
Exemption(s) to Policy (date, by what committee or individual, and brief description):
LCME Required Policy: ☐Yes/ ☒No If yes, please list the Element(s) Affiliated with this Policy (include Element number/name/statement):
All policies will be reviewed by the Policy Advisory Committee every three years unless an earlier review is identified. Date of Review: Revisions Made: ☐Yes/ ☐No If yes, list revisions made: Revisions Require Approval by Policy Owner: ☐Yes/ ☐No

Policy Name: **Quillen College of Medicine Policy on Policies**

Policy Statement:

The Policy Advisory Committee (PAC) will ensure the development and implementation of the regular review of policies and procedures, reduce policy duplication, and work with policy owners for review, revision, and development to ensure adherence to school, university, state and federal, and regulatory requirements. The PAC will have oversight authority for this scope of work.

Purpose of Policy:

The purpose of this policy is to provide a standardized procedure and approval process for the development, publication, and maintenance of all polices specific to medical education within the Quillen College of Medicine (QCOM) to assure consistent compliance with accreditation standards and state and federal laws; timely and frequent communication with students, residents, fellows, faculty, and staff; and regular review and revision.

Scope of Policy (applies to):

This policy applies to the Office of the Dean, the Office of Academic and Faculty Affairs, Department of Medical Education, and the Office of Student Affairs.

Policy Activities:

Definitions

- Policy: A policy is a set of guidelines, principles, or rules that determine a course of action related to a specific topic or area and is in line with the values and mission of the QCOM. It may mandate or constrain action, ensure compliance with state and federal laws, institutional policies, and regulation and accreditation requirements. Additionally, it may include consequences for failure to adhere to the expectations and requirements as well as any due process for those suspected of violations.

- Procedure: A procedure is a series of consecutive action steps related to the application and implementation of policies, adherence to regulations and accreditation standards, and additional resources for compliance.

- Protocol: A protocol is a list of specific action steps that must be completed in a particular order.

Policy and Procedure Development

Note: If any QCOM policy or policy provision conflicts with any ETSU institutional policy or rule, the ETSU policy or rule will apply. Any requests for policies or rules that should apply on an institutional level should be directed to the ETSU Office of General Counsel.

- A New or Revised Policy/Procedure
  - New policies and procedures may be initiated by individuals, committees, or department/division leaders and should be submitted as a draft on the Policy Template Form (Appendix A) to the ETSU Office of Compliance *(if applicable)* for input before submitting to the PAC. Upon approvals from all involved parties (see Policy and Procedure Approvals), the draft new policy and a written request detailing the reason for implementing the policy (Appendix B) must be submitted to the PAC. Actions may include, but are not limited to, returning the proposed policy for clarifications or additions, approval as is or with modification, or denial. The PAC may, at any time, seek additional input from external sources such as the ETSU Office of Compliance, the Faculty Advisory Council, the Administrative Council, the Diversity Council, or the Dean's Office.
  - For revisions of existing policies outside of regularly scheduled reviews, the policy owner should obtain approvals from all involved parties (see Policy and Procedure Approvals) and submit a written request with the reason for the revision (Appendix C) to the PAC. Any revised policy will be submitted in two formats to

Policy Name: **Quillen College of Medicine Policy on Policies**

the PAC for action, one with track changes and one without. Substantive changes should be sent to the ETSU Office of Compliance *(if applicable)* for review and comment before submitting to the PAC. Actions by the PAC may include, but are not limited to, returning the proposed revised policy for clarifications or additions, approval as is or with modification, or denial. The PAC may, at any time, seek additional input from external sources such as the ETSU Office of Compliance, the Faculty Advisory Council, the Administrative Council, the Diversity Council, or the Dean's Office.

- Policy and Procedure Approvals
    - New and revised policies and procedures sent to the PAC must have approval from any entity that will have a substantive part in implementing any aspect of the policy such as a committee, a responsible office, or department/division leader. Once the PAC has received the necessary approvals, the new or revised policy will be sent to the Associate Dean for Accreditation Compliance *(if applicable)*, and the Vice Dean for Academic Affairs for final acknowledgment and review. The Office of Academic and Faculty Affairs will format the policy and issue a policy number. The final policy will be returned to the policy owner, forwarded to the Admissions Office for inclusion in the QCOM Catalog, and forwarded for posting to the QCOM Educational Policies website.

- Communication and Training
    - Once a new or revised policy has final approval, the responsible individual, committee, or department/division leader, will disseminate the policy to the appropriate stakeholders and ensure any training needed for those to whom the policy or procedure applies.

- Scheduled Reviews
    - The PAC will oversee a regular review schedule for all policies and procedures in collaboration with the Associate Dean for Accreditation Compliance, the Associate Dean for Student Affairs, and the Vice Dean for Academic Affairs. Policies will be reviewed every three (3) years unless an earlier review is identified. The owner of the policy will be notified of the required review along with a time for resubmission.
    - Any revised policy will be submitted in two formats to the PAC for action, one with track changes and one without. The policy owner is responsible for submitting any revised policy to the ETSU Office of Compliance *(if applicable)* for review. The policy may also be submitted to the PAC with no changes requested or deemed appropriate.

- Location of Policies
    - All policies will be maintained within the Office of Academic Affairs to ensure consistent access and correct versions are available for viewing. A link to the policies website (https://www.etsu.edu/com/msec/resources/policies.php) will be maintained on the Office of Student Affairs website and the Dean's website. Other departments are encouraged to include the link on their respective web pages if highlighting a specific policy rather than including the direct content. This is meant to reduce the potential for multiple and/or conflicting versions of policies.

- Retiring/Archiving Policies
    - If the responsible policy owner deems that a policy and/or procedure is no longer applicable or is redundant, the policy may be recommended for retirement. Requests for retiring a policy or procedure must follow the same process for review and approval as outlined above. Retired policies will be archived and remain accessible. All previous versions of policies will be archived.

<u>Responsibilities</u>

- Policy Owner(s): The policy owner is the responsible administrative party who takes responsibility for policy development and revision in cooperation with the Policy Advisory Committee and oversees implementation and compliance with the policy.

- Policy Advisory Committee (PAC): The PAC is an advisory committee charged with the centralized process of policy creation, review, and dissemination of any and all policies that concern medical education. The PAC will

Policy Name: **Quillen College of Medicine Policy on Policies**

work with policy owners, the ETSU Office of Compliance, the Assistant Dean for Curriculum, the Chair for the Department of Medical Education, the Associate Dean for Accreditation Compliance, the Associate Dean for Student Affairs, and the Vice Dean for Academic Affairs to carry out these responsibilities.

- The Associate Dean for Accreditation Compliance: The Associate Dean for Accreditation Compliance or designee will oversee policy compliance with regulatory and accreditation standards as well as continuing quality improvement, oversight, and governance.

- The Vice Dean for Academic Affairs: The PAC, the Assistant Dean for Curriculum, the Chair for the Department of Medical Education, and the Associate Dean for Accreditation Compliance, report to the Vice Dean of Academic Affairs who holds final approval authority. The Vice Dean will work to resolve any policy issues when there is lack of agreement among stakeholders.

Adapted from University of Minnesota School of Medicine, University of Wisconsin School of Medicine, and New York Medical College

Administrative Reviews/Approvals	Date Approved
University Compliance (if applicable)	2/9/2022
Policy Advisory Committee (includes three-year reviews)	2/17/2022; 11/9/2023
Associate Dean for Accreditation Compliance (if applicable)	
Vice Dean for Academic Affairs	2/17/2022; 11/9/2023

Policy Review and/or Revision Completed By *(if applicable)*	Date Policy Reviewed and/or Approved (if applies to that department, committee, or group)
Office of the Dean	2/1/2022
Office of Academic Affairs	2/18/2022; 11/16/2023
Office of Student Affairs	
Department of Medical Education	
Medical Student Education Committee	
Student Promotions Committee	
Faculty Advisory Council	
Administrative Council	
M1/M2 Course Directors	
M3/M4 Clerkship/Course Directors	
Student Groups/Organizations (describe):	
Other (describe):	

Policy Name: **Quillen College of Medicine Policy on Policies**

Final Policy Emailed to:	Date of Email Notifications
Medical Education Director for Posting on Educational Policies Website	11/16/2023; 5/1/2024
Policy Owner	11/16/2023; 5/1/2024
Admissions Office for Catalog	11/16/2023; 5/1/2024