



# QUILLEN COLLEGE *of* MEDICINE

EAST TENNESSEE STATE UNIVERSITY

**Policy Name/Number: Quillen College of Medicine Policy on Policies / ADMIN-0222-25**

**Policy Owner:** QCOM Policy Review Committee

**Committees, Departments, or Individuals Responsible for Implementation:** Quillen College of Medicine Policy Advisory Committee

**Original Approval Date:** 2/17/2022

**Effective Date:** 11/9/2023

**Most Recent Revision Date:** 6/6/2025

**Policy Advisory Committee Review Date:** 6/6/2025

**Date of Next Review (All policies are reviewed by the Policy Advisory Committee every 3 years unless circumstances for an earlier review is identified.):** 6/6/2025

**A. 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.

**B. 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 policies 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.

**C. 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.

**D. 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, 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 the PAC for action, one with track changes and one without track changes. 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, 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. The new or revised policy or procedure will be reviewed by the PAC. The PAC may accept as informational or may return the policy/procedure for clarifications or additions and will be sent to the Associate Dean for Accreditation Compliance, and the Vice Dean for Academic Affairs for final review and acknowledgment. The Office of Academic and Faculty Affairs will format the policy and issue a policy number for any new policy. 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.
  - Administrative updates are minor changes to an existing policy or procedure that do not substantively change the purpose, content, or responsibilities. Examples of such changes include formatting to the Standard Policy Template, updating contact information, updating title changes, and updating URLs and other sources. The policy owner and the PAC must agree the changes represent administrative updates and do not require additional review in order to be approved.
  - Policies that require approval by the College of Medicine faculty will be forwarded to the Faculty Advisory Committee (FAC) for review and approval. The FAC is comprised of elected faculty representatives by the full-time faculty, as defined in the College of Medicine Bylaws. The FAC advises the Dean on matters pertinent to the function of the College of Medicine and serves as a mechanism for formal communications between the faculty and administration.
  
- 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 needed or required. 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 as it currently exists.
- 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 or sunseting 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 and maintained within the Office of Academic Affairs.

### **Responsibilities**

- 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 to establish clear guidelines, standards, and expectations; the review of current policies and procedures to ensure a quality education and foster a supportive learning environment as well as prepare students for future medical careers while promoting study safety and wellbeing; and, the dissemination of any and all policies that concern medical education. The PAC will 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 Associate Dean for Student Affairs, the Associated Dean for Admissions and Records, and the Associate Dean for Accreditation Compliance, report to the Vice Dean of Academic Affairs who oversees the academic curricula and ensures compliance with accreditation standards and academic policies and procedures. 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*