



MEDICAL SCHOOL POLICY

Office of Medical Education Policy on Policies

Senior Leader: Vice Dean for Education and Academic Affairs

Responsible University Officer: Vice Dean for Education and Academic Affairs

Policy owner(s): Director of Accreditation and Quality Improvement

Policy Contact: Joseph Oppedisano, DAC, Director of Accreditation and Quality Improvement, (612) 625-4114, joppedis@umn.edu

POLICY STATEMENT

Effective policies and procedures serve to enhance operational efficiency and quality, communicate expectations of individuals, groups, and offices, and reduce institutional risk.

This policy establishes a framework, a common format and process, and roles and responsibilities for the adoption, review, revision, and dissemination of Office of Medical Education (OME)-Level policies and procedures.

REASON FOR POLICY

This policy promotes:

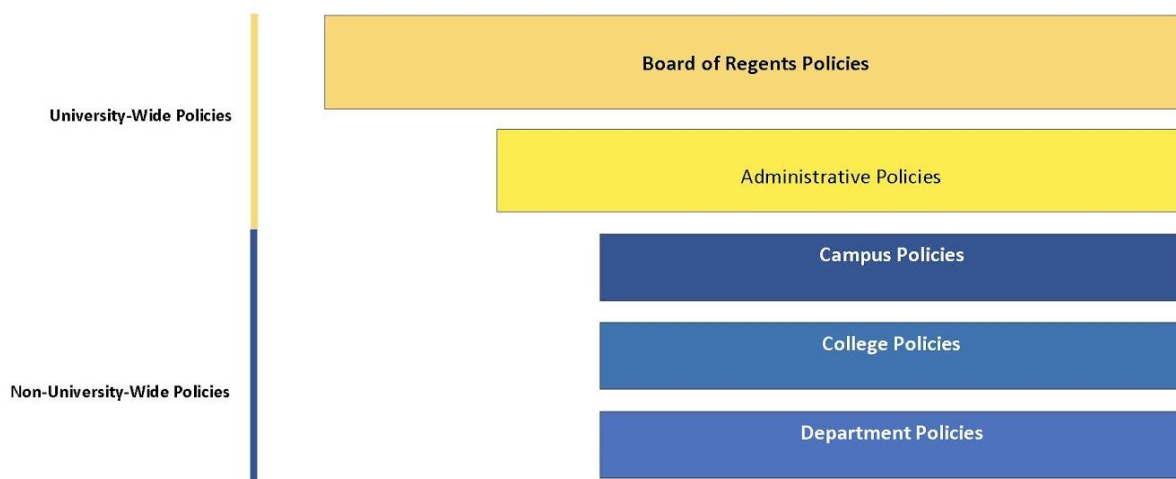
- consistent definition, process and format for policies and procedures
- the appropriate level, scope and frequency of oversight to Office-Level policies and procedures
- clarity, transparency and shared understanding of Office-Level policy and procedure protocols

A Policy on Policies also helps the University of Minnesota Medical School (UMMS) to maintain compliance with accreditation standards and ensure an environment of continuous quality improvement. As such, this policy also contributes to the medical school's ability to meet the following LCME requirement:

Element 1.1: Strategic Planning and Continuous Quality Improvement. "A medical school engages in ongoing planning and continuous quality improvement processes that establish short and long-term programmatic goals, result in the achievement of measurable outcomes used to improve programmatic quality, and ensure effective monitoring of the medical education program's compliance with accreditation standards."

PROCEDURES

Policy Hierarchy and Scope



**Adapted from the University of Minnesota Policy Library*

This policy applies to the Office of Medical Education (OME) Office-Level policies and procedures falling under Admissions and Undergraduate Medical Education (UME) on the Central Campus in the Twin Cities and the Regional Campus in Duluth. In instances where proposed OME Office-Level policies or procedures may have an impact on areas outside the intended scope of this policy, appropriate consultation should occur.

Any policies that apply to the operations of individual units or departments may not conflict with university-wide policy, but may be more restrictive.

Authority

Policy owner(s): Policy owners are charged with overseeing the initial development, regular review, compliance, and proposed revisions of OME Office-Level policies and procedures related to their area of responsibility.

Policy and Procedures Advisory Group (PPAG): The PPAG, Chaired by the Director of Accreditation and Quality Improvement and reporting to the Vice Dean for Education and Academic Affairs, is charged with developing and implementing a schedule for regular review of OME Office-Level policies and procedures, reducing policy duplication, working with policy owner(s) on a Policy Development or Revision Plan, ensuring that policies adhere to school, University, State, or other regulatory requirements, and serving as the official record-keeper for current OME Office-Level policies and procedures documents that fall within the scope outlined above.

Policy and Procedure Development

Initiating a new or revised policy

Policies and procedures may be initiated by individuals, policy owners, or departments. New policies or procedures must be sponsored by the individuals, policy owners, or departments with oversight in that area.

Initiators should consult the [University Policy Library](#) for information on policy formatting and best practices on writing each section. Policies and procedures should follow the format provided by the University's current templates, and be drafted in clear, concise language. In addition, Initiators should contact the Chair of the PPAG to develop a *Policy Development or Revision Plan*.

For revisions to existing policies or procedures outside of regularly scheduled reviews, contact the Chair of the PPAG for an editable copy of the current policy/procedure.

Scheduled Reviews

The PPAG maintains a regular review schedule for policies which fall within the scope outlined herein. The Chair of the PPAG will notify appropriate policy owner(s) when a review is scheduled to establish a *Policy Development or Revision Plan*.

Initiators may refer to the OME Office-Level [Policy & Procedures Development Process](#) for an overview of the steps involved in developing new, or revising existing, policies and procedures.

Review and Approval

The responsible office, department or owner(s) is accountable for submitting new or revised policies or procedures to appropriate entities for approval and for establishing a schedule for obtaining such approval. This includes submitting draft policies to the Office of Legal Counsel, Faculty Assembly, counterparts on other campuses, and any office(s) or committees responsible for implementing a substantive aspect of the policy. Where there are any objections not reconciled, the responsible office, department, or owner(s) will note these in their submissions to the PPAG. The draft policy may then be submitted to the Vice Dean for Education and Academic Affairs for final review and approval.

The responsible Office, Department, or owner(s) is also responsible for timely review of policies whenever there are changes in applicable programs, related policies, or requirements that might affect provisions of the policy (i.e. curricular changes that modify the application of grading policies). Proposed changes are subject to the provisions outlined herein for drafting, formatting, review and approval, including dissemination and training.

Dissemination and Training

Initial discussions with the PPAG will include a clear dissemination and communication plan. Once a policy or procedure is approved, it will be disseminated to appropriate stakeholders consistent with the approved plan.

If training on a new or revised policy/procedure is necessary or recommended, the responsible Office, Department, or owner(s) will work with the appropriate stakeholders to develop or identify, and provide or make available, appropriate training for those impacted by the policy or procedure.

Retiring/Archiving Policies

If the responsible office, department or owner(s) concludes that a policy within its area has no continuing applicability, it may propose that it be retired. Retiring a policy or procedure follows the same review and approval channels set forth in this policy. Retired policies will be archived by the PPAG but accessible. All previous versions of policies should be archived.

Location of Policies

To ensure consistent access to policies and reduce conflicting versions, current and approved policies will be maintained in the Office of Accreditation and Quality Improvement. The Office will also maintain the Policies and Procedures web page (<https://www.med.umn.edu/campus-policies-procedures>) to ensure these policies are publicly available.

Any policies posted to the website not under the purview of the PPAG and the Office of Accreditation and Quality Improvement will be managed and posted by the appropriate entity. Efforts should be made, however, to inform the Office of Accreditation and Quality Improvement about any changes to the site.

Offices and departments are encouraged to include links to the above site on their respective webpages, when highlighting a specific policy (e.g. links on the Office of Minority Affairs and Diversity website to the Mistreatment Policy) rather than including direct content. This is intended to reduce multiple, conflicting versions of policies and policy elements.

FORMS/INSTRUCTIONS

There are no forms associated with this policy.

APPENDICES

There are no appendices associated with this policy.

FREQUENTLY ASKED QUESTIONS

There is no FAQ associated with this policy.

ADDITIONAL CONTACTS

Subject	Contact	Phone	Fax/Email
Primary Contact	Name	Phone	Fax/Email
Project Manager	Ali Niesen	Phone	aniesen@umn.edu
Executive Assistant	Tami Brown	Phone	brown307@umn.edu

DEFINITIONS

For purposes of this policy:

Office-Level Policies and Procedures

An Office-Level policy or procedure is one that applies only to a specific unit, or that is an internal operational policy for a specific office/department. These may include academic, non-University-Wide administrative policies, and student policies. Examples include, but are not limited to, Grade Submission Policies, Duty Hours Policies, Technical Standards, and procedures to review committee functions and structure. No unit of the University may adopt or maintain a Unit Level Policy that is inconsistent with, conflicts with, appears to or otherwise expands the obligations of the university beyond those set forth in official university policies.

Policy

A policy is a high level statement of guiding principles and standards that articulates the institution's values and communicates behavioral expectations and requirements related to a specific topic or area. This is usually inclusive of stated consequences for failure to adhere to the expectations and requirements, as well as any due process afforded to those against whom allegations of violations have been made.

Procedure

Procedures provide a series of consecutive action steps related to one or more policy requirements. Many Office-Level policies will also contain associated procedures outlining specific steps required to conform to the policy as well as links to additional resources to enhance the implementation, compliance and application of the policy.

University-Wide Policies

As per the University of Minnesota's Policy Library definition, University-Wide Policies include Board of Regents and Administrative Level Policies: Board of Regents Policies serve as umbrella policies of the University of Minnesota to provide high-level guiding principles and direction for the administration to implement; Administrative Policies are developed by the administration and approved by the President's policy committee on behalf of the President of the University. Administrative policies provide specific rules and provisions, and set expectations for administrative operation of the University.

RESPONSIBILITIES

Director of Accreditation and Quality Improvement

The Director, and his/her designee, will maintain the medical school policies web page, Chair the PPAG, provide oversight and guidance on policy governance, and will serve as a point of contact with the University's Policy Programs Office.

Policy and Procedure Advisory Group

The PPAG is an advisory group charged with providing a centralized process for the review, creation, and dissemination of policies that impact the medical education program. The PPAG will work with policy owners on Development or Revision plans, setting regular review of policies. The PPAG will provide reports to the Vice Dean on a regular basis regarding their efforts.

Policy Owner(s)

The policy owner is the administrative individual who takes responsibility for, and oversees, implementation and compliance of a given policy or procedure. The policy owner will be responsible for working with the PPAG on the policy development or revision plan.

Vice Dean for Medical Education and Academic Affairs

The PPAG reports to the Vice Dean to provide oversight and guidance on the efforts of the PPAG. In addition, the Vice Dean will work to resolve policy issues in instances where there is a lack of agreement among stakeholders and/or the policy owner(s).

RELATED INFORMATION

University of Minnesota Policy Library: <https://policy.umn.edu/>

HISTORY

Date Created: June 2019

Approved by: Policy and Procedures Advisory Group, June 2019

Approved by: Vice Dean for Education and Academic Affairs, June 2019

Updated: Vice Dean for Education and Academic Affairs, August 2020