KIRK KERKORIAN SCHOOL OF MEDICINE | UNLV

CP001 Policy and Procedure Policy

Policy Type: Academics and Administrative/Operations
Responsible Administrator: Peter Navarro, JD, Chief Compliance Officer
Responsible Office: Compliance

Originally Issued: April 8, 2020
Revision Date: N/A
Training Required: Yes
LCME Required: No

Approved by:

Marc J Kahn, MD, Dean   **Date**: April 15, 2020

Definitions

Executive Leadership Committee: A group appointed by the Dean and generally comprised of the following:

- Dean of School of Medicine
- Chief Financial Officer
- Vice Dean of Academic Affairs and Education
- Vice Dean of Clinical Affairs
- Vice Dean of Research

Policy: Policies are guiding principles of the Kirk Kerkorian School of Medicine at UNLV (KSOM) that express the institutional culture, goals, and philosophy. Policies promote consistence and operational efficiency, enhance the KSOM's mission, and mitigate significant institutional risk. Policies may allow for some discretion by guiding decision making and limiting or setting parameters or choices. Internal policies that apply to the operation of individual units or departments may not conflict with the organizational-wide policy, but may be more restrictive. Policies will be clearly distinguished from related procedures.

Policy Coordinator: The Policy Coordinator is designated by the Compliance Office and works with the Compliance Office to conduct the initial review of all proposed P&Ps. The Policy Coordinator communicates with the Responsible Office and the Policy Review Committee regarding the approval process and status of proposed P&Ps.

Policy Review Committee (PRC): All new P&Ps are reviewed by the Policy Review Committee (PRC). The PRC consists of two groups: (1) Academic; and (2) Administration/Operations. These groups meet monthly, in consultation with KSOM legal counsel, to review and approve P&Ps.

- A panel of academic peers reviews policies that directly affect the staff or governance of an academic department. The Academic PRC will be comprised of 10 voting members and 2 ex-officio non-voting members.

- ‣ The Dean has appointed the Vice Dean for Academic Affairs and Education as the Committee Chair and a voting member.
- ‣ The Dean will select 7 additional voting members from the following departments:
    - Student Affairs
    - Admissions
    - Finance
    - Community Engagement
    - Graduate Medical Education
    - Diversity and Inclusion
    - Student/Residents/Fellow - Faculty Representative
- ‣ The final two committee members will consist of one current student and one resident/fellow who will be elected by her/his respective peers.
    - One current Student
    - One current Resident / Fellow
- ‣ The non-voting ex officio members will consist of the following:
    - The Chief Compliance Officer
    - Policy Coordinator
- ▪ A panel of administration/operations peers reviews policies that directly affect the general administration or operations of the KSOM. The Administration/Operations PRC will be comprised of 8 voting members and 2 ex-officio non-voting members
    - ‣ The Dean has appointed the Senior Associate Dean of Administration and Finance as the Committee Chair and a voting member.
    - ‣ The Dean will select the 7 additional voting members from the following departments:
        - Finance
        - Human Resources
        - Faculty Affairs
        - Technology
        - Facilities
        - Communications
        - Dean's Office
    - ‣ The non-voting ex officio members will consist of the following:
        - The Chief Compliance Officer
        - Policy Coordinator
- ▪ For either group, a quorum consists of 5 members with a majority vote required for approval.
- ▪ Members may participate in PRC meetings via telephone and voting by electronic mail (e-mail) is permitted.

Policy Review Committee (PRC):

- ▪ The Chief Compliance Officer shall be responsible for routing proposed P&Ps to the appropriate group. In certain circumstances, both groups may be asked to review the same proposed P&Ps.
- ▪ Where a PRC representative is unable to attend a monthly meeting, the representative must notify the respective Chair of his/her committee.
- ▪ The representative may assign a proxy to attend a meeting during his/her absence. This proxy will have the same authority as the representative.
- ▪ If a representative misses more than three PRC meetings in a twelve month period, the Dean will select a replacement for that representative.

Procedures: Procedures are the step-by-step guidelines for the tasks required to support and carry out organizational policies. Procedures articulate the process for accomplishing controls and may not be in conflict with the policies to which they relate. Procedures may also document a course of action to be completed in a defined order, ensuring the consistent and repetitive approach to accomplish control activities. Once P&Ps receive final approval, the Responsible Administrator or Responsible Office may revise procedures without further review by the PRC or Executive Leadership Committee. However, all

changes to procedures must be provided to the Compliance Office for review at least 5 business days prior to the anticipated effective date.

P&Ps: Policies and Procedures

Responsible Administrator: The Responsible Administrator works with the Responsible Office to generate or maintain a policy or procedure. The Responsible Administrator is responsible for the implementation of the policy, as well as related processes, instructions, training, procedures, forms, and maintenance of the policy.

Responsible Office: The Responsible Office coordinates with the Chief Compliance Officer to: (1) verify the accuracy of a policy or procedure subject matter; (2) maintain the accuracy of information contained in policies and procedures; and (3) communicate approved policies and procedures to the University community.

Statement of Purpose

The purpose of this policy is to establish clear guidelines for all departments to submit well-articulated and comprehensible P&Ps for review and approval. P&Ps will be:

- Presented in a common format,
- Formally approved,
- Centrally maintained,
- Kept current within the framework of an organized system of change control,
- Distributed to all relevant operating units in a timely manner.

Entities Affected By This Policy

All KSOM employees are to follow this established protocol in developing, submitting for review and approval, and disseminating P&Ps.

Required Acknowledgement

All KSOM leaders that develop, submit for review and approval, and disseminate P&Ps must receive this policy and acknowledge review.

Policy

This P&P policy is a tool to help the Responsible Administrator navigate the process. Each department is encouraged to establish P&Ps to enable the department to work more effectively and efficiently.

This policy provides for the following: (1) a standardized template for drafting and submitting proposed P&Ps; (2) a flowchart for general understanding of the processes involved in P&P approval; and (3) a time frame for P&P drafts to reach final stage of dissemination. All P&Ps are initially reviewed by Policy Review Committee for compliance, consistency, readability, and format. Proposed P&Ps do not become effective until they have been reviewed and approved by the Executive Leadership Committee, and subsequently signed by the Dean. After obtaining final approval, P&Ps are disseminated to students and/or staff as appropriate.

Minor Changes

The Chief Compliance Officer is authorized to make the following non-substantive changes to all P&Ps: (1) correcting changes to names of organizations, departments, units, committees, and position titles; (2) correcting grammatical errors; (3) correcting obvious typographical errors; and (4) updating electronic links contained in policies.

Immediate Changes/Suspension of Policy

Where an immediate modification or suspension of a policy or procedure is required in order to comply with a change of relevant laws or regulations, the Chief Compliance Officer may suspend or issue a temporary modification to a policy, subject to ratification by the Executive Leadership Committee within 10 business days. Where the suspension or modification is ratified by the Executive Leadership Committee, the appropriate PRC shall review the temporary modification and/or suspension and, were warranted, make recommendations to the Executive Committee regarding the future of the policy.

Related Documents

CP001.1 Procedures for developing and submitting P&P's

CP001.2 Policy Template

CP001.3 Procedure Template

CP001.4 Policy and Procedure Timeline

CP001.5 Policy and Procedure Workflow

CP001.6 Routing Form

CP001.7 Department Abbreviations

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