



2025

School
Handbook

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Mission

The New Anglia University's mission is to establish a vibrant, research-driven, and innovative educational environment that promotes public health by disseminating knowledge and the latest scientific advancements to address global and regional challenges. Aims to cultivate highly skilled and competitive medical professionals who prioritize human health and well-being, demonstrating care and independence while adapting to a dynamic and evolving world.

Vision

The University's vision is to establish an inclusive, forward-thinking, and cooperative environment that promotes student engagement and serves society on a national and international level. Emphasizing equal access and fairness, it is dedicated to providing diverse student-centered education and lifelong learning opportunities. Through collaboration with stakeholders in civil society, government, and industry, the University aims to disseminate knowledge and innovation within local and global communities. Committed to environmental sustainability, the University supports environmental education to foster understanding and collective action for its preservation. Furthermore, the University is dedicated to generating and sharing knowledge while preparing professionals to contribute to economic growth and sustainability.

Principles

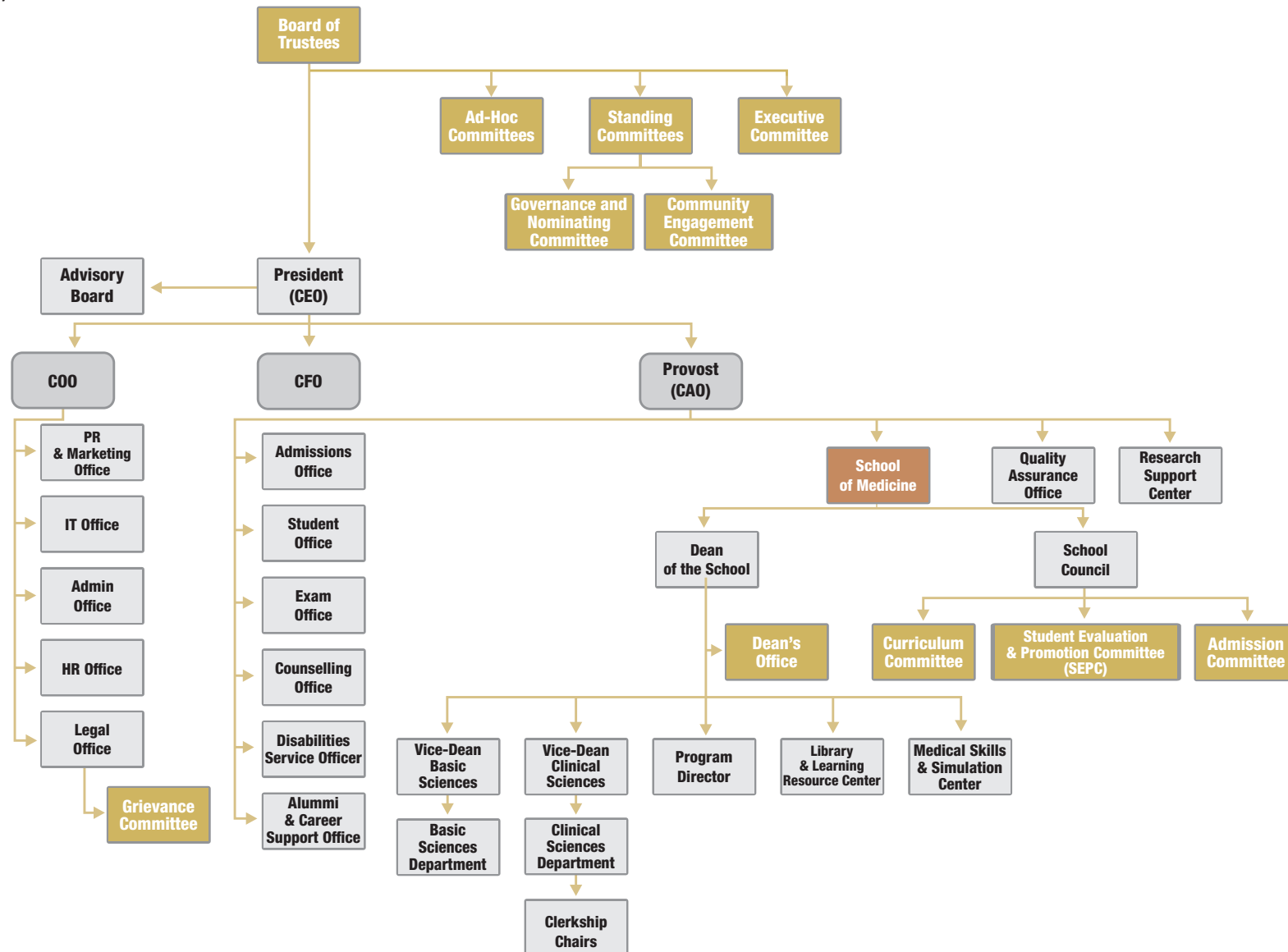
New Anglia University is a higher educational institution established, with the framework of respective regulatory bodies. The basic principles of the university's governance are:

- a. Academic freedom and integrity;
 - b. Teamwork and involvement of staff and students in the decision-making process;
 - c. Publicity and transparency
 - d. Equality, objectivity and non-discrimination;
 - e. Freedom of speech and support for pluralism of opinions;
 - f. Protection of political and religious neutrality;
 - g. Striving for quality in the educational and research process;
 - h. Involvement in measures promoting health and social well-being
-



Organizational Structure

The structure of the university includes collegial and one-person governing bodies, structures implementing separate governance functions, educational units, offices implementing administrative functions, various operating committees and task forces. The organizational chart (organogram) of the university is as follows:



Governing Bodies

The Board
of Founders

Board of Trustees

President

- 1). The Board of Founders** – which ensures establishment of the University, as a legal entity, defines Vision and Mission of the Institution, determines its legal and organizational structure, approves policies, bylaws, and other documents necessary for the initial operation, composes Selection Committee(s), and appoints first members of the Board of Trustees as well as executives and school of the University. The Board of Founders provides managerial and financial oversight on the operation of the University and its executives and oversees the process of transition of functions to newly established university structures and officials, as described by this Statute.
- 2). Board of Trustees** – governing body responsible for overseeing the management, policies, and operations of the University. The board is composed of individuals who are appointed or elected to represent the interests of different stakeholders, of the organization. Board members have diverse backgrounds and expertise, which contribute to effective governance and decision-making. The Board of Trustees holds significant decision-making authority and plays a crucial role in setting the strategic direction, making important policy decisions, and ensuring the organization's financial and ethical integrity.
- 3). President** – University President holds a prominent leadership position within the institution and is responsible for overseeing and managing the overall operations, administration, and strategic direction of the University. The role of the University President is equivalent to that of the chief executive officer (CEO) within a university.

Administrators

Administrators are employees on positions within the University's structure, who do not relate to teaching and research responsibilities. Administrators, as individuals, are involved in a number of planning, organizing, directing, controlling, and evaluating activities of major units, and they are customarily and regularly required to exercise discretion and independent judgment and to direct the work of others who head a unit at the level of office or higher.

Administrators are categorized into three groups:

- Executive-level administrators, i.e., Provost (CAO), CFO, COO.
- Division-level administrators, e.g., Dean and Vice Deans.
- Departmental level (support, service, and administrative (SSA) units) administrators, i.e., office heads.

The list of administrative positions is defined by the university structure, and the responsibilities of administrative units are described in the Statute of the University.



Medical School

The Mission of the school is to cultivate a diverse community of medical professionals who embody excellence in education, research, and service on a global scale. Rooted in the values of compassion, integrity, and innovation, we are committed to advancing medical knowledge, promoting health equity, and addressing healthcare challenges worldwide.

Through unwavering dedication to this mission, the School at University aspires to be a beacon of excellence, producing exceptional medical professionals who lead in transforming healthcare for the betterment of humanity.

The Mission encompasses the following core principles:

- a). **Educational Excellence:** We strive to provide a world-class medical education that nurtures intellectual curiosity, critical thinking, and evidence-based practice. Our rigorous curriculum equips students with the knowledge, clinical skills, and ethical foundation essential for compassionate and competent patient care.
- b). **Global Perspective:** We foster a global perspective in our medical education. We promote cultural competence, awareness of diverse health systems, and understanding of global health issues to prepare our graduates for impactful contributions in a diverse and interconnected world.
- c). **Research and Innovation:** We actively pursue cutting-edge research that advances medical science and improves patient outcomes. Our commitment to innovation drives us to explore new frontiers in medical research, technology, and healthcare delivery.
- d). **Community Engagement and Service:** Guided by a sense of social responsibility, we actively engage with communities to address healthcare disparities and promote public health initiatives. Through collaborative efforts, we seek to make a positive impact on the health and well-being of populations locally and globally.
- e). **Interdisciplinary Collaboration:** We value the strength of interdisciplinary collaboration within our school and across other academic disciplines. Embracing teamwork and diverse perspectives, we tackle complex health challenges with a comprehensive and integrated approach.
- f). **Professionalism and Ethical Values:** We uphold the highest standards of professionalism, integrity, and ethical practice. We instill in our students a deep sense of responsibility towards patients and society, fostering the development of compassionate and ethical healthcare professionals.
- g). **Cultural Diversity and Inclusivity:** We celebrate the richness of cultural diversity within our school community. Our inclusive learning environment promotes mutual respect, fosters understanding, and embraces diverse perspectives to enrich the educational experience.
- h). **Partnerships and Collaborations:** We actively seek strategic partnerships and collaborations with esteemed healthcare institutions, research centers, and organizations worldwide. These partnerships enhance our impact and broaden opportunities for global engagement.
- i). **Continuous Improvement:** We embrace a culture of continuous improvement in medical education, research, and healthcare practices. Adapting to the changing healthcare landscape, we remain at the forefront of medical advancements and evolving societal needs.
- j). **Health Advocacy and Policy Influence:** Driven by our commitment to improving healthcare systems, we advocate for evidence-based policies that promote health equity and positively impact public health outcomes.



Structure of School

The structure of the School consists of:

- a). Dean
- b). School Council
- c). Dean's Office
- d). Vice Deans for Basic and Clinical Sciences
- e). Departments (Basic Sciences and Clinical Sciences)
- f). Program Director
- g). Clerkship Chairs
- h). Library and Learning Resource Center
- i). Medical Skills and Simulation Center
- j). School Committees

The governing bodies of the School are Dean and School Council. The other administrators and structural units of the School are subordinate and report to Dean. The Dean and School Council are subordinate and report to the Provost of the University.

Dean

The Dean of the School is a transformative leader committed to advancing medical education, research, and community service. They are dedicated to promoting the highest standards of academic excellence, cultivating a culture of innovation and collaboration, and preparing the next generation of skilled and compassionate healthcare professionals.

The Dean of the School is responsible for the leadership and administration of the School's activities, represents the school with other structural units of the university, ensures the smooth implementation of the educational program implemented by school, manages the employees included in the school's structure, ensures the effective and smooth implementation of the teaching- process.

The Dean might obtain the function of the chairman of the collegiate body responsible for the academic management of the school - the School Council.

The Dean of a School plays a pivotal role in shaping the institution's academic reputation, fostering a positive learning environment, and advancing medical education, research, and community service.

Functions of the Chairman of the Council:

- a). Academic Leadership: Providing visionary leadership and strategic direction to advance the academic mission of the School, ensuring excellence in medical education and research.
- b). Curriculum Development: Overseeing the design, development, and implementation of the medical curriculum, by the curriculum committee, ensuring it integrates the latest medical advancements, and meets the needs of learners.
- c). School Recruitment and Development: Participation in hiring and retaining qualified school members, promoting school development programs, and fostering a culture of excellence in teaching, research, and clinical practice.
- d). Student Affairs: Overseeing student support services, including academic advising, counseling, and other resources to promote student success and well-being.



e). Research and Scholarly Activities: Encouraging and promoting collaboration among school members and students in research projects.
f). Clinical Affiliations: Establishing and maintaining partnerships with clinical institutions and hospitals for clinical training opportunities for medical students.
g). Accreditation and Compliance: Ensuring compliance with accreditation standards and guidelines set by relevant medical education accreditation bodies within school.
h). Budget and Resource Management: Managing the School's budget and allocating resources to support academic programs, research, and other initiatives.
i). External Relations: Representing the School to external stakeholders, including government agencies, medical organizations, and the community.
j). Advocacy: Advocating for the School's interests and needs within the university and at the regional and national levels.
k). Strategic Planning: Developing and implementing strategic plans to achieve the School's goals and objectives.
l). School-Student Relations: Facilitating open communication and collaboration between school and students to enhance the learning environment and student experience.
m). Promoting Diversity and Inclusivity: Fostering a diverse and inclusive environment within the School, promoting diversity among school, staff, and students.
n). Crisis Management: Managing and responding to crises or challenges that may arise within the School.
o). Fundraising and Development: Engaging in fundraising efforts and donor relations to secure financial support for scholarships, research projects, and other initiatives.
p). Public Relations and Communication: Serving as a spokesperson for the School and maintaining positive relationships with the media and the public.
q). Policy Development: Participating in the development and implementation of policies and procedures related to medical education, research, and institutional governance.
r). Collaboration with Other Departments: Collaborating with other departments within the university to foster interdisciplinary initiatives.

The governing bodies of the school are Dean and School Council. The other administrators and structural units of the school are subordinate and report to Dean. The Dean and School Council are subordinate and report to the Provost of the University.

School Council

The School Council is a collegial governance body within a School. The Council is chaired by a school member who is elected to lead the meetings and represent the school's interests to the university administration.

Responsibilities of the Chairman of the Council:

- | |
|---|
| a). Convenes the Council meetings; |
| b). Determines the agenda of the meeting; |



c). Makes a decision regarding the attendance of other persons at the meeting of the Council;
d). Leads the meeting, facilitates the procedure of discussion of issues in accordance with the agenda;
e). Puts the discussed issues to a vote;
f). Participates in the voting, in case of split votes, uses the right of decisive vote;
g). Summarizes the voting results and announces the decision made by the Council;
h). Signs the minutes and resolution of the Council meeting;
i). Supervises the implementation of their powers by the members of the Council in accordance with the requirements of this Bylaw.

The Council is composed of school representatives – from various academic departments within the school. Professors and Associate professors of School are voting members of the Council.

To organize the meetings of the Council, the Council elects a secretary from among its members, who is responsible for the organization of the meetings of the Council during one session or a specified period of time.

Responsibilities of Secretary of the Council:

a). Keeps the list of members of the Council;
b). Informs the chairman of the council about the need to introduce new members to the council;
c). Collects the initiatives put forward by the members of the Council, develops the agenda of the Council;
d) Informs the members of the Council about the date of the Council and the issues to be discussed;
e) Registers the attendance of members at the meeting of the Council;
f). Prepares the minutes of the Council meeting and develops the draft of the Council resolution;
g). Signs the minutes of the Council meeting;
h). Records and keeps the minutes of the Council meeting and the attached documents.

Dean and Vice deans as well as program director are members of the School Council to provide input and facilitate communication between the Council and the academic administration. In case Dean, Vice-Deans or Program Director occupies a position of Professor or Associate Professor, their mandate in Council is still limited to one vote.

A member of the Council has the right to be guided by his inner conviction and the best interests of the school in the voting process and is not limited by the position of the university, or the position of certain member of the university community. It is not allowed to put pressure on the members of the Council by using the official position.

Each member of the Council has an equal vote in the decision-making process. An exception is the case of equal division of votes, in which case the vote of the Chairman of the Council shall prevail.



Non-voting Members of the Council include Provost, QA representatives, student representatives, and other university administrators who contribute valuable insights and perspectives.

Responsibilities of the Council:

a). Discusses the Bylaw of the School and submits it to the Board of Trustees for approval;
b). Approves the action plan of the School upon submission of the Dean;
c). Determines the annual number of students admitted to the educational program of the school;
d). Ensures the review and approval of the curricula development project, the formation of the working group on the curriculum;
e). Approves the study table and staff workload table for each academic year;
f). During each term, the Council listens to the program director's report about the progress of the educational process and gives its endorsement to suggestions for enhancing this process;
g). On the basis of the inquiry from Program Director discusses the needs of new academic and visiting personnel for the educational programs of the school;
h). Determines the composition of temporary task forces to resolve issues related to school activities;
i). Exercises other powers defined by this regulation and bylaws of the university.

The Council exercises its powers through the council meetings. Council meeting may be held at the university, or online by the decision of the chairman of the council. The meeting of the Council is collegial, all members of the Council have the right to request that the issue be brought to the meeting, to ask questions at the meeting of the Council and to present their opinion on all the issues included in the agenda.

The chairman of the council convenes the meeting of the board. It is also possible to convene a meeting of the Council based on the initiative of more than half of the members of the Council. Within 3 days of receiving the notification about the convening of the Council meeting, the Secretary of the Council ensures the formation of the agenda of the Council, the agreement on the date of the meeting, informing all the members of the Council and other persons invited to the meeting about the date, format and agenda of the meeting through e-mail notification.

It is possible to invite other persons who are related to the issue of the agenda of the meeting to participate in the meeting of the Council without a voting right.

The meeting of the Council is capable of decision if it is attended by more than half of the list of members of the Council. In the absence of a quorum, the chairman of the council/session has the right to postpone the consideration of the issue to the next session.

Decisions on all issues included in the agenda of the Council shall be made by voting of the members of the Council. Voting shall be conducted openly. On the basis of the reasoned request of the majority of the present members of the Council, it is possible to hold a secret vote instead of an open vote, about which a corresponding entry is made in the minutes of the Council.

During voting, all members of the Council have one vote. In the event of a tie, the vote of the Board/Chairperson shall be decisive. During the voting, the council members have no right to abstain from voting.



Vice Dean

School has two Vice Deans, for Basic Sciences and Clinical Sciences Departments Respectively.

Functions of the Vice Dean:

- a). Academic Leadership: Vice Deans provide academic leadership and work closely with the Dean to implement the University's strategic vision, goals, and policies.
- b). Academic Program Oversight: Vice Deans oversee Basic Sciences and Clinical Sciences departments of academic program within the school, ensuring their smooth operation and alignment with the school's mission.
- c). Curriculum Development and Review: Vice Deans participate in the development, review, and enhancement of the medical curriculum, ensuring it meets accreditation standards and aligns with current medical knowledge.
- d). School Affairs: Vice Deans are involved in school recruitment, appointment, and promotion processes, ensuring that qualified school members are hired and promoted based on merit.
- e). School Development: Vice Deans support school development initiatives, providing opportunities for professional growth, continuing education, and research activities.
- f). Student Affairs: They oversee student support services, including academic advising.
- g). Research Support: Vice Deans facilitate research initiatives within the University, supporting school and students in their research endeavors.
- h). Clinical Affiliations: Vice Dean for Clinical Sciences collaborates with clinical institutions and hospitals to provide clinical training opportunities for medical students and residents.
- i). Budget Management: Vice Deans are involved in managing budgets and resource allocation within their designated areas of responsibility.

Vice Deans promote collaboration between different departments within the school, fostering an interdisciplinary approach to healthcare and research. Vice Deans are subordinate and report to the Dean of the school.

Basic Sciences Department

The Basic Sciences Department plays a crucial role in advancing biomedical knowledge, conducting research, and educating students in the foundational sciences that underpin medicine.

Functions of the Basic Sciences Department:

- a). Basic Science Education: The department provides foundational education in subjects such as anatomy, physiology, biochemistry, pharmacology, immunology, and genetics to medical students. These fundamental sciences are essential for understanding the human body and its biological processes.
- b). Research and Discovery: The department conducts cutting-edge research in various biomedical disciplines. School members engage in scientific investigations to advance knowledge, discover new treatments, and contribute to medical breakthroughs.
- c). Medical Curriculum Development: The department collaborates with Clinical Sciences Department to develop and integrate basic science components into the medical curriculum. They ensure that the curriculum aligns with the latest scientific advancements and medical practice.



d). School Development: The department supports the professional development of its school members, encouraging research productivity, participation in scholarly activities, and the pursuit of external grants and funding.
e). Laboratory Facilities: The department maintains state-of-the-art laboratory facilities equipped with modern technology and equipment necessary for research and teaching.
f). Interdisciplinary Collaboration: The department fosters collaboration with Clinical Sciences Department, and Research Support Center to facilitate interdisciplinary research and educational initiatives.
g). Academic Advising: Members of the Basic Sciences Department provide academic advising and mentoring to medical students, guiding them in their studies and career paths.
h). Participation in Medical Education Committees: School members from the Basic and Clinical Sciences Departments contribute their expertise to various medical education committees, including curriculum committees, assessment committees, and accreditation-related committees.
i). Biomedical Research Seminars: The department organizes seminars and symposiums featuring guest speakers and school members to promote scientific exchange and keep the academic community updated on the latest research.
j). Support for Medical Student Research: The department encourages and supports medical students' involvement in research projects and scholarly activities.
k). Community Outreach: The department may engage in community outreach and educational activities, promoting public awareness of biomedical research and its impact on healthcare.
l). Contributions to Medical Journals: School members from the department publish research findings in reputable medical journals, contributing to the scientific literature and disseminating knowledge.
m). Ethical Considerations: The department emphasizes the importance of ethical conduct in research and medical practice, ensuring that students and school adhere to the highest ethical standards.
n). Promoting Diversity and Inclusion: The department strives to foster a diverse and inclusive environment, promoting equity and representation within the academic community.
o). Advocacy for Biomedical Research Funding: The department may advocate for funding opportunities to support research initiatives and maintain its position as a leader in biomedical sciences.

The Basic Sciences Department enriches medical education, advances scientific knowledge, and supports the overall mission of the School in providing exceptional healthcare professionals and contributing to advancements in medical science.

Clinical Sciences Department

The Clinical Sciences Department focuses on providing clinical education, training, and patient care. Its functions are essential for preparing medical students to become competent healthcare professionals and for delivering high-quality healthcare services.



Functions of the Clinical Sciences Department:

a). Clinical Education: The department is responsible for delivering clinical education and training to medical students. This includes hands-on clinical experiences, clerkships, and rotations, allowing students to apply their theoretical knowledge in real healthcare settings.

b). School Management: The department supports clinical school members who are responsible for teaching and mentoring medical students during their clinical rotations.

c). Clinical Skills Training: The department organizes clinical skills training sessions for medical students, helping them develop essential practical skills such as physical examination, patient communication, and basic procedures.

d). Clinical Clerkship Assignments: The department coordinates and assigns medical students to clinical clerkships and rotations in different medical specialties, ensuring a comprehensive learning experience.

e). Patient Care: The department oversees the delivery of patient care by medical students under the supervision of attending physicians. This helps students develop clinical competence and professionalism.

f). Clinical Competency Assessment: The department evaluates the clinical competency of medical students based on their performance during clinical rotations, ensuring that they meet the required standards.

g). Clinical Research: The department may engage in clinical research in collaboration with Research Support Center, investigating various medical conditions, treatment outcomes, and healthcare practices.

h). Clinical Curriculum Development: The department collaborates with Biomedical Department to develop and integrate clinical components into the medical curriculum, ensuring that students receive a well-rounded education.

i). Clinical Policies and Guidelines: The department helps develop and implement clinical policies and guidelines to ensure patient safety, quality of care, and adherence to ethical standards.

j). Clinical Training Facilities: The department maintains affiliations with hospitals and healthcare institutions where medical students receive their clinical training.

k). Community Health Programs: The department may be involved in community health programs and initiatives, promoting public health awareness and preventive care.

l). Patient Outreach and Support: The department may be involved in patient outreach and support activities, ensuring patient education and engagement in healthcare decisions.

m). Patient Safety and Quality Improvement: The department may actively participate in patient safety and quality improvement initiatives, aiming to enhance healthcare delivery and outcomes.

n). Continuing Medical Education (CME): The department may participate in CME programs for school members and medical professionals organized by the University to stay updated on the latest medical advancements and best practices.

o). Clinical Rotation Evaluations: The department assesses and evaluates feedback from medical students and school regarding the quality of clinical rotations and identifies areas for improvement.



The Clinical Sciences Department plays a pivotal role in preparing future healthcare professionals, providing high-quality patient care, and contributing to the overall success and reputation of the School and University as an educational entity.

Program Director

The Program Director in a School is a key leadership position responsible for overseeing and coordinating various aspects of academic program delivery. Program Director plays a crucial role in ensuring the program's success and meeting accreditation requirements.

Functions of the Program Director

a). Curriculum Development: The Program Director is involved in the development and review of the program's curriculum, leadership of a curriculum committee, ensuring that it aligns with the educational objectives, accreditation standards, and the latest medical knowledge.

b). Program Management: The Program Director manages the day-to-day operations of the program, including scheduling rotations, coordinating lectures, and overseeing evaluations and assessments.

c). School Management: The Program Director is involved in selecting and supervising program school members, ensuring they have the necessary expertise and qualifications to deliver high-quality education.

d). Assessment and Evaluation: The Program Director oversees student evaluations and assessments to monitor their progress and ensure they meet competency milestones.

e). Accreditation Compliance: The Program Director ensures that the program meets accreditation standards set by relevant accrediting bodies and participates in accreditation reviews.

f). Educational Innovation: The Program Director identifies opportunities for educational innovation, incorporating new teaching methods and technologies to enhance the learning experience.

g). Patient Care and Safety: Program Director emphasizes patient care and safety, ensuring that trainees provide high-quality, compassionate care to patients.

h). Program Evaluation and Improvement: The Program Director regularly evaluates the program's performance and makes improvements based on feedback, data analysis, and educational best practices.

i). Interdisciplinary Collaboration: The Program Director closely collaborates with School departments and school members to foster learning opportunities and shared educational resources.

j). Crisis Management: In the event of any issues or challenges, the Program Director handles crisis management and takes appropriate actions to resolve conflicts or address concerns.

k). Advocacy and Representation: The Program Director represents the program to the medical school administration, accrediting bodies, and external stakeholders, advocating for the program's interests and needs.

l). Professional Development: The Program Director participates in ongoing professional development to stay updated on trends in medical education, leadership, and healthcare.



Program Director is selected and appointed upon presentation of program concept, which shall be discussed and approved by the University. Program Director is subordinate and reports to the Dean of the school.

Clerkship Chairs

Clerkship Chairs play a critical role in managing and coordinating clinical clerkship rotations within hospital settings as part of the medical program curriculum. They are responsible for ensuring the quality, effectiveness, and educational value of these clinical experiences for medical students.

Functions of the Program Director

a). Curriculum Development: Develop and refine clinical clerkship curriculum components, including defining learning objectives, selecting appropriate clinical sites within hospitals, and ensuring alignment with educational standards.

b). School Supervision: Recruit, train, and supervise clinical school preceptors responsible for guiding and evaluating medical students during hospital-based rotations. Provide ongoing support, mentorship, and professional development opportunities.

c). Student Assessment: Implement robust assessment methods to evaluate students' clinical competencies and performance during hospital rotations. Ensure consistent evaluation standards and provide constructive feedback to students.

d). Quality Assurance: Monitor the quality and educational value of clinical clerkship experiences through regular site visits, feedback collection, and quality improvement initiatives. Address any issues related to educational quality and clinical supervision.

e). Administrative Oversight: Manage logistical aspects of hospital-based clerkship rotations, including scheduling, coordination with hospital staff, budgeting, and compliance with accreditation requirements.

f). Advocacy and Collaboration: Serve as an advocate for clerkship education within hospital settings, collaborating with hospital administration, departmental leaders, and clinical school to promote excellence in clinical training.

g). Curriculum Development: Develop and refine clinical clerkship curriculum components, including defining learning objectives, selecting appropriate clinical sites within hospitals, and ensuring alignment with educational standards.

h). School Supervision: Recruit, train, and supervise clinical school preceptors responsible for guiding and evaluating medical students during hospital-based rotations. Provide ongoing support, mentorship, and professional development opportunities.

i). Student Assessment: Implement robust assessment methods to evaluate students' clinical competencies and performance during hospital rotations. Ensure consistent evaluation standards and provide constructive feedback to students.

j). Quality Assurance: Monitor the quality and educational value of clinical clerkship experiences through regular site visits, feedback collection, and quality improvement initiatives. Address any issues related to educational quality and clinical supervision.

k). Administrative Oversight: Manage logistical aspects of hospital-based clerkship rotations, including scheduling, coordination with hospital staff, budgeting, and compliance with accreditation requirements.

l). Advocacy and Collaboration: Serve as an advocate for clerkship education within hospital settings, collaborating with hospital administration, departmental leaders, and clinical school to promote excellence in clinical training.



Research Support Center

Research Support Center (RSC) serves as a centralized resource to assist school of the School in various aspects of their research projects and to promote a robust research culture.

Functions of a Research Support Center (RSC)

a). Grant Proposal Development: Assisting researchers in developing grant proposals, providing guidance on funding opportunities, and reviewing proposals to ensure compliance with funding agency requirements.

b). Research Design and Methodology: Providing expertise in research design and methodology, helping researchers plan their studies, and selecting appropriate data collection and analysis methods.

c). Statistical Support: Offering statistical consulting and data analysis services to researchers, helping them interpret results and ensure the accuracy of statistical analyses.

d). Ethics and Regulatory Compliance: Assisting researchers in obtaining ethical approvals for their studies, navigating regulatory requirements, and ensuring compliance with institutional and legal guidelines.

e). Participant Recruitment and Management: Supporting researchers in recruiting study participants, managing participant databases, and ensuring proper informed consent procedures.

f). Data Management and Storage: Providing data management support, including data storage solutions, data security, and data backup strategies.

g). Research Training and Workshops: Organizing research-related workshops, seminars, and training sessions to enhance researchers' skills and knowledge.

h). Literature Review and Research Resources: Assisting researchers in conducting literature reviews and providing access to research databases and resources.

i). Research Collaboration and Networking: Facilitating research collaboration among researchers within the institution and fostering partnerships with external institutions and organizations.

j). Publication Support: Providing guidance on manuscript preparation, formatting, and submission to scientific journals.

k). Intellectual Property Support: Assisting researchers in understanding intellectual property issues related to their research, including patents and copyrights.

l). Budget and Financial Management: Supporting researchers in budget planning for their projects and managing research-related finances.

m). Interdisciplinary Research Support: Promoting interdisciplinary research by facilitating collaborations between researchers from different disciplines.

n). Research Impact Evaluation: Assisting researchers in assessing the impact of their research through metrics such as citations, publications, and societal impact.

o). Dissemination and Knowledge Translation: Helping researchers disseminate research findings to the broader community, policymakers, and other stakeholders.

p). Research Evaluation and Reporting: Collecting and analyzing data on research outputs and outcomes to evaluate the performance and impact of research within the institution.



q). Research Data Visualization: Assisting researchers in visualizing research data to enhance communication and presentation of results.
r). Research Support Workforce Development: Supporting the development and training of research support staff to enhance the overall research support services.
s). Clinical Trial Management: The RSC manages and coordinates clinical trials conducted within the School. This includes overseeing study protocols, patient recruitment, data collection, and compliance with regulatory requirements.
t). Participant Recruitment: The CRC actively recruits eligible participants for clinical studies, ensuring the enrollment of a diverse and representative patient population.
u). Ethics and Regulatory Compliance: The RSC ensures that all clinical research conducted within the School adheres to ethical principles, follows regulatory guidelines, and obtains necessary approvals from ethics committees and regulatory agencies.
v). Research Protocol Development: The RSC assists researchers in developing robust and scientifically sound research protocols, incorporating appropriate study design and methodologies.
w). Data Management and Analysis: The RSC provides support in data management, data analysis, and statistical consultation for clinical research studies.
x). Research Coordination: The CRC serves as a central hub for coordinating research activities, fostering collaboration among researchers, clinicians, and external stakeholders.
y). Clinical Research Training: The RSC offers training and educational programs for researchers, study coordinators, and research staff, ensuring adherence to best practices in clinical research.
z). Quality Assurance and Monitoring: The RSC conducts quality assurance checks and monitors ongoing clinical trials to ensure data integrity and compliance with study protocols.
aa). Biobanking and Specimen Management: The RSC may establish and manage biobanks to store biological specimens for future research purposes.
bb). Industry Collaboration: The RSC facilitates collaboration with industry partners for sponsored clinical trials and research projects.
cc). Community Engagement: The RSC engages with the local community to promote awareness of clinical research opportunities, patient participation, and research findings.
dd). Patient-Centered Outcomes Research: The RSC emphasizes patient-centered research, focusing on outcomes that matter most to patients and their healthcare experiences.
ee). Institutional Collaboration: The RSC collaborates with other research centers, departments, and institutions to leverage resources and expertise for larger research initiatives.
ff). Grant and Funding Support: The RSC provides assistance to researchers in securing research grants and funding for clinical studies.
gg). Dissemination of Research Findings: The RSC helps researchers disseminate research findings through publications, presentations, and public engagement.
hh). Clinical Research Facility Management: The RSC oversees the physical infrastructure and equipment required to conduct clinical research studies.



ii). Informed Consent Process: The RSC ensures that the informed consent process is appropriately conducted, and study participants fully understand the risks and benefits of participating in research.

jj). Compliance with Good Clinical Practice (GCP): The RSC ensures that clinical research is conducted following international standards of Good Clinical Practice.

Library and Learning Resource Center

The Library and Educational Resource Center of a School serves as a crucial hub for providing access to a wide range of educational materials and resources to support the learning, research, and clinical activities of students, school, and staff.

Functions of the Library and Educational Resource Center

a). Information Access: Providing access to a vast collection of medical literature, textbooks, journals, databases, and online resources to support the academic and research needs of students and school.

b). Literature Search and Retrieval: Assisting students and school in conducting literature searches, retrieving relevant articles, and obtaining access to full-text publications.

c). Educational Support: Offering educational support to students, including assistance in finding study materials, textbooks, and resources for exam preparation.

d). Research Support: Providing resources and services to support research activities, including access to research databases, citation management tools, and support for systematic reviews.

e). Reference Services: Offering reference services and expert assistance to help users find reliable and evidence-based information for their academic and research needs.

f). Digital Learning Resources: Providing access to digital learning resources, such as e-books, online lectures, and multimedia materials to enhance the learning experience.

g). Electronic Resources Management: Managing subscriptions to electronic journals, databases, and other online resources to ensure seamless access for users.

h). Document Delivery: Facilitating document delivery services for articles and materials not available in the library's collection.

i). Interlibrary Loan: Collaborating with other institutions to facilitate interlibrary loan services for resources not available within the library.

j). Medical Image Resources: Offering access to medical image databases and resources for use in research and education.

k). Data Management Support: Providing guidance on data management best practices and resources for researchers handling research data.

l). Evidence-Based Medicine (EBM) Resources: Curating resources to support evidence-based medicine practices, including clinical guidelines, systematic reviews, and meta-analyses.

m). Study Spaces and Facilities: Providing study spaces, group study rooms, and access to computer workstations to support individual and collaborative learning.

n). Library Orientation and Workshops: Conducting library orientation sessions and workshops to familiarize users with library resources and research tools.



o). Information Literacy Programs: Developing and delivering information literacy programs to enhance users' skills in finding, evaluating, and using information effectively.

p). Archiving and Special Collections: Preserving historical medical literature and maintaining special collections relevant to the medical field.

q). Collaboration with School: Collaborating with school to integrate library resources and information literacy skills into the curriculum.

r). Continuing Medical Education (CME) Support: Offering resources and services to support healthcare professionals' continuing education and lifelong learning.

s). Copyright Compliance: Providing guidance on copyright issues related to resource use and educational materials.

Library and Educational Resource Center activities are managed and supervised by the Library and Educational Resource Center Director, who is subordinate and reports to the Dean of the School.

Medical Skills and Simulation Center

The Medical Skills and Simulation Center serves as a state-of-the-art facility that provides hands-on training and simulation experiences for medical students, healthcare professionals, and researchers.

Center aims to enhance clinical skills, improve patient safety, and foster a realistic learning environment.

Functions of the Medical Skills and Simulation Center

a). Clinical Skills Training: Conducting clinical skills training sessions for medical students and healthcare professionals to practice and enhance their procedural skills;

b). High-Fidelity Simulation: Offering high-fidelity simulation experiences using advanced medical mannequins and simulators to replicate real-life patient scenarios, allowing learners to practice diagnostic and treatment procedures.

c). Scenario-based Learning: Developing scenario-based learning experiences that mimic various clinical situations, enabling learners to apply their knowledge and critical thinking skills in a controlled environment.

d). Emergency Response Training: Providing training for medical emergencies and disaster response, enabling learners to work in teams and practice managing high-stress situations.

e). Surgical Skills Training: Offering surgical skills training for medical students, allowing them to practice surgical techniques and procedures in a safe and controlled setting.

f). Interprofessional Education: Facilitating interprofessional education by bringing together learners from various healthcare disciplines to collaborate in simulation scenarios and improve teamwork.

g). Communication and Patient Interaction Training: Conducting communication skills training to improve learners' abilities to interact with patients, families, and colleagues effectively and empathetically.

h). Task Trainers: Providing task trainers and simulators for specific medical procedures, allowing learners to repeatedly practice skills until they achieve proficiency.



i). Debriefing Sessions: Conducting debriefing sessions after simulation experiences, providing learners with constructive feedback and opportunities for reflection and improvement.
j). Patient Safety Training: Integrating patient safety training into simulation scenarios, emphasizing the importance of error prevention and safe practices in healthcare.
k). Crisis Resource Management: Teaching learners crisis resource management skills, including decision-making, communication, and resource allocation in critical situations.
l). Procedural Competency Assessments: Using simulation-based assessments to evaluate learners' procedural competency and identify areas for improvement.
m). Continuing Medical Education (CME): Providing continuing medical education opportunities for healthcare professionals to maintain and enhance their clinical skills.
n). Research and Development: Conducting research and contributing to the development of new simulation-based educational methods and technologies.
o). Standardized Patient Programs: Incorporating standardized patient programs to allow learners to practice clinical interactions with trained actors portraying patients.
p). Community Outreach: Engaging in community outreach and educational programs to promote awareness of healthcare and medical education.
q). Simulation Center Management: Overseeing the operation, maintenance, and scheduling of simulation equipment and resources.

Medical Skills and Simulation Center activities are managed and supervised by Center Head who is subordinate and reports to the Dean of the School.

School Committees

At the University permanent or temporary working groups, committees or task forces may be created with a purpose to solve a specific task. Working groups, councils or commissions may include employees of structural units of the University, as well as invited specialists.

The School establishes committees to assist in fulfilling its responsibilities effectively. These committees shall be appointed and structured to address specific areas of focus and provide recommendations to the Dean.

Committees within School include but are not limited to:

- a). **Curriculum Committee** - responsible for designing and developing the academic curriculum, and to ensure that the curriculum aligns with the institution's mission, program goals, and learning outcomes.
- b). **Admissions Committee** - to evaluate applicants to define persons, whose educational background, personal, professional and language skills show ability of the individual to contribute value as a medical student and physician.
- c). **Student Evaluation and Promotion Committee (SEPC)**: This committee is responsible for assessing and making decisions regarding the promotion of students from one grade or academic level to the next within an educational institution.
- d). **Promotions and Tenure Committee** - to evaluate the dossiers of tenure candidates and make recommendations for the eligibility of a candidate for the tenure track, develop recommendations for tenuring and conduct post-tenure evaluations.
- e). **Personnel Selection Committee** - to ensure fair selection new school, including peers with relevant background.



Curriculum Committee

The Curriculum Committee plays a crucial role in the quality assurance process of an educational institution, ensuring the effectiveness and continuous improvement of academic programs.

Functions and Responsibilities of Curriculum Committee

- a). Design and develop the academic curriculum;
- b). Ensure that the curriculum aligns with the institution's mission, program goals, and learning outcomes;
- c). Review and approve proposed changes to the curriculum, including the introduction of new courses, modification of existing ones, and updates to program requirements;
- d). Ensures that the curriculum meets the accreditation standards set by external accrediting bodies;
- e). Review and align the curriculum to meet the required learning objectives and competencies;
- f). Collaborates with school to establish measurable learning outcomes for each course and program. Participate in the assessment of learning outcomes to ensure that students are achieving the intended goals;
- g). Ensures that the curriculum has a logical sequence of courses, all components of the preclinical and clinical program, the objectives for each curricular segment, instructional and assessment methods, content, and content sequencing;
- h). Collect feedback from school, students, and other stakeholders on the curriculum's effectiveness. They use this feedback to identify areas for improvement and make necessary adjustments to enhance the curriculum;
- i). Consider the demand for new courses as advances occur in the field of medicine and balance these demands with the need to produce a well-balanced curriculum that students have sufficient time to assimilate;
- j). Keep up-to-date with developments in the field of study and ensure that the curriculum reflects the latest knowledge and advancements;
- k). Conducts regular reviews and updates of the curricular content and evaluations of basic science courses, clerkship, and teacher quality;
- l). Reviews and approves course syllabi to ensure that they align with the overall curriculum, adhere to quality standards, and include appropriate learning resources and assessments.
- m). In response to advancements in the field of medicine, consider the need for new courses while maintaining a well-balanced curriculum that allows students ample time to absorb the material.
- n). Conduct periodic evaluations of basic science courses, clerkships, and teaching quality to ensure the program's quality and that students meet all objectives and engage in required courses and clinical experiences.
- o). In collaboration with the medical school administration and university leadership, establish effective policies and procedures to appropriately allocate the time medical students dedicate to mandatory preclinical and clinical activities.
- p). Evaluate the types of patients and clinical conditions that medical students are required to encounter, the clinical skills to be performed, the clinical settings, if necessary and the levels of medical student responsibility expected to be demonstrated during clinical clerkships.
- q). In collaboration with other stakeholders, assess the viability of programs based on student enrollment, demand, and relevance to the job market or industry needs.
- r). Responsible for formulating and executing policies related to Curriculum design, Content, Delivery methods, Duration of delivery, and Curriculum reviews. These policies are then recommended to the Deans for review and approval.



- s). Oversee the basic science and clinical science sub-committees and request them to hold meetings as needed.
- t). Establishes a school leadership structure aimed at achieving curricular objectives and complying with accreditation standards.
- u). Ensures that all teaching school members are promptly informed, either directly or through the established school leadership, about any revisions to the curricular structure and content.

The members of the Curriculum Committee are as follows:

1). Chair -

The appointment of the Chair of the Curriculum Committee is made by the Chair of the School Council following a request for expressions of interest from academic staff. The Chair of the School Council may seek recommendations from the Curriculum Committee for potential candidates for the position.

2). Ex officio members -

- Provost
- The representative of Quality Assurance Office
- Vice-Deans
- The Chair of the School Council or a senior academic member who is an elected member of the Council, as nominated by the Chair.

3). Appointed members –

Appointment procedure for Appointed Members of the Curriculum Committee are appointed when a vacancy occurs.

- One experienced academic staff member, knowledgeable in course and curriculum design, representing each School, appointed by the Dean (or delegate).
- One junior academic staff member, selected by the Committee through an expression of interest process.
- One academic staff member, appointed by the Board of Trustees after an expression of interest process.
- The Current Student members may include student representatives elected to the School Council, but it is not mandatory.

The Curriculum Committee can co-opt members in order to achieve or maintain gender diversity.

In attendance

The Chair has the authority to invite non-voting individuals as observers to attend regular or specific meetings of the Committee. These individuals may offer their expertise as needed and participate in discussions upon invitation by the Chair.

Appointments

The Chair of the School Council appoints the members and chair of the committee based on their academic qualifications, academic rank in the institution, and experience in Medical education.

Automatic vacancy of an appointed representative

An appointed position becomes vacant automatically if:

- a). the appointed member is absent without prior leave from the Chair from three consecutive Curriculum Committee meetings; or
- b). the appointed member loses his/her original qualification for appointment.



Acting ex officio members

An ex officio member of the Curriculum Committee includes a person who has been appointed on an 'acting' basis to the role.

Terms

The ex officio members will be Curriculum Committee members while they hold their primary office.

The term of office of an appointed member is two years. Appointed members may stand for re-appointment.

Taking into account the philosophy and values of the university, it is deemed appropriate to uphold a balanced gender ratio.

Authority

The Curriculum Committee is authorized to seek data and information from the University's various departments in order to meet the Curriculum Committee's duties and functions.

Conduct of Curriculum Committee

- Reporting - The Curriculum Committee reports to the School Council, including in an annual report of the Committee's performance of its functions.
- Meeting - The Curriculum Committee will meet up to 4 times per year or otherwise as required in order to perform its functions.
- Business Papers - Unless otherwise instructed by the Chair, the Curriculum Committee will ensure that business papers are provided to Committee members and official attendees at least seven days in advance of the meeting, or within a reasonable timeframe if a shorter period is more practical. Regarding public disclosure of business papers, minutes, and other relevant information received by the Curriculum Committee, the Chair or Secretary of the Committee should oversee the process of making such information available to the public.
- Quorum - At any meeting of the Curriculum Committee, one half of the voting membership plus one constitutes a quorum.
- Use of Technology - To facilitate its operations, including business papers, meetings, and other necessary activities, the Curriculum Committee and its members have the option to utilize various technologies. The arrangements for utilizing these technologies will be coordinated by the Chair and/or Secretary of the Committee.
- Resolutions - The Curriculum Committee has the authority to pass a resolution through a "flying minute" procedure, given that the resolution receives the approval of a simple majority of the Committee members present at the time the resolution is proposed.
- Confirmation of Minutes - Draft minutes of each meeting will typically be distributed to members for feedback in a timely manner. Following this, the minutes, incorporating any required revisions, will be circulated for adoption by the Curriculum Committee. The finalization and adoption of the minutes will occur when they have been approved by a majority of the members who were present at the respective meeting. Alternatively, the minutes may be included in the business papers for the subsequent Committee meeting and reviewed and adopted by the Committee during that meeting.
- Self-review - Once within a twelve-month timeframe, the Curriculum Committee will allocate a part of one of its meetings to evaluate the policies, practices, and procedures implemented during the previous twelve months.



Admission Committee

In order to evaluate applicants to define persons, who's educational background, personal, professional and language skills show the ability of the individual to contribute value as a medical student and physician, Admission Committee is formed. The Admission Committee plays a critical role in selecting qualified and dedicated individuals who have the potential to become compassionate and skilled healthcare professionals. The Admission Committee is a standing committee comprising five (5) school representatives.

Role of the Admission Committee:

- a). Reviews applications and supportive documents, provided by the Admission Office;
- b). Conducts interviews with shortlisted applicants;
- c). Evaluates the applicants and provides an admitted applicants' list to Admission Office.

Key functions of Student Admission Committee:

- a). Application review: The committee reviews and assesses the applications submitted by prospective medical students. They evaluate academic records, test scores, extracurricular activities, letters of recommendation, personal statements, and other supporting documents.
- b). Candidate evaluation: The committee evaluates each candidate's qualifications, achievements, and potential to excel in medical studies. They look for qualities such as academic excellence, strong interpersonal skills, leadership abilities, and a commitment to serving the community.
- c). Interview: The committee conducts interviews with shortlisted candidates to further assess their communication skills, ethical judgment, critical thinking abilities, and motivation to pursue a medical career.
- d). Admissions criteria: The committee establishes the admission criteria and requirements, ensuring that they align with the University's mission, vision, and values.
- e). Diversity and inclusivity: The committee aims to promote diversity and inclusivity within the school by considering candidates from various backgrounds and experiences.
- f). Selection decisions: Based on the application review, interviews, and evaluations, the committee makes the final decisions on which candidates will be accepted into the University.
- g). Waitlist management: If there are more qualified candidates than available seats, the committee may create a waitlist and manage it based on any changes in seat availability or candidate acceptances.
- h). Policy development: The committee is involved in developing and revising admission policies to ensure fairness, transparency, and adherence to legal and ethical guidelines.
- i). Applicant feedback: In some cases, the committee may provide feedback to applicants who were not accepted to help them understand areas for improvement in future applications.

The University establishes the entry requirements for their respective program. Admissions decisions are made by the Admission Committee. The Provost is accountable for ensuring that these staff members possess appropriate qualifications and experience. They also ensure that the University maintains clear and transparent admissions criteria and procedures. The Voting quorum for the Admission Committee is 3 members. The Admission Committee receives regular training on admissions matters and is expected to adhere to the University's admissions policies, procedures, and guidance.



The Admission Committee decisions are not affected by factors such as age, race, sex, gender identity, religion, national origin, financial interest, sexual orientation, inside influence, or by political or financial pressure.

The Admission Committee members with conflict of interest cannot participate into the selection process. Conflict of interest is defined as a relative, social, or economic relationship between the persons participating in the procedure - the committee member and the student, as well as any other circumstance that can affect the impartiality of the evaluator in a positive or negative way. In the event of a conflict of interest, the committee member is obliged to declare self-recusal, or the Committee shall not take into account the evaluation of the evaluator with a conflict of interest when summarizing the evaluations. All participating candidates are entitled to be informed about the selection decision made regarding them.

Student Evaluation and Promotion Committee (SEPC)

The Student Evaluation and Promotion Committee (SEPC) acts on behalf of the school and provides recommendations to the dean regarding various aspects of each student's academic progress within the University. This includes decisions related to continuation, promotion to the next academic year, remediation, dismissal, or any variation thereof that in the opinion of the committee is appropriate.

The primary purpose of the SEPC is to conduct a comprehensive and methodical review of each student's academic progress throughout the program. Additionally, the committee also takes into consideration any conduct or professional matters that might influence the student's academic advancement.

The University establishes a Student Evaluation and Promotions Committee with staggered, renewable four-year terms, ensuring a continuous presence and consistency throughout all four years for a particular class and across various classes. The dean will designate a chair of the SEPC. The SEPC is composed of the following:

- 1). Voting members - Five school representatives from both the basic and clinical disciplines based on recommendations from the School Council. One of these school members serves as chair as appointed by the Dean. Two members are elected by the school and remaining members are selected by the Vice-Deans.
- 2). Ex-officio non-voting members - Vice Deans and other support staff members including representation from the Student Office. The Student Office coordinates all SEPC meetings.

Requirements for Quorum and Adoptive Action for the Committee

- a). A quorum for any regular or called meeting of the committee is more than half of the voting members.
- b). All actions of the committee require a simple majority vote of those voting members in attendance.
- c). If the committee chair is unable to attend, he/she will designate an acting chair from among the voting members for that meeting only.

All deliberations and proceedings of the SEPC are confidential. School and staff members must be apprised of the confidential nature of the information. SEPC exercises its authority during Committee meetings. Meetings are scheduled by the Chair and all Committee members notified via email one week prior. Following discussion, the Committee will vote to reach its decision/recommendation. Recommendations will follow the simple majority vote of the members present. The ballot results will be placed in a sealed envelope which shall be forwarded to the Chair and remain unopened unless opened during an appeal proceeding. The actual vote count, final recommendation and a summary of the written comments made by the members of the committee will be submitted to the Provost in writing. Written comments made by individual members of the Committee during balloting will be sealed in separate envelopes to be kept by the chair of the Com-



mittee. The comments will be held indefinitely. The chair of the Committee will inform a Student in writing of a Committee decision. All recommendations and the chair's written summary statements are forwarded to the Provost designee. Committee members with conflict of interest cannot participate into the process of discussion and voting.

Conflict of interest is defined as a relative, social, or economic relationship between the persons participating in the evaluation - the evaluator and the appraisee, as well as any other circumstance that can affect the impartiality of the evaluator in a positive or negative way. In the event of a conflict of interest, the Committee member is obliged to declare self-recusal, or the Chair shall not take into account the voting of the member with a conflict of interest

SEPC Responsibilities

The responsibilities of the Student Evaluation and Promotion Committee (SEPC) encompass a range of crucial tasks related to the evaluation and promotion of medical students within the medical school.

The responsibilities of the Student Evaluation and Promotion Committee (SEPC)
a). Academic Evaluation: Reviewing and assessing the academic performance of medical students, including their grades, examination results, and overall progress in the curriculum.
b). Promotion Decisions: Making recommendations to the School council administration, particularly the Dean, regarding students' enrollment, academic progress, and promotion to the next academic year or stage in the medical program.
c). Remediation and Intervention: Identifying students who may be experiencing academic difficulties and determining appropriate remediation strategies to help them improve their performance.
d). Conduct and Professionalism: Considering conduct and professionalism issues that may affect a student's academic progress or advancement in the medical program.
e). Appeals Process: Overseeing the appeals process for students who wish to contest academic decisions or promotion outcomes.
f). Guidance and Support: Providing guidance and support to students to help them succeed academically and professionally.
g). Reviewing Policies: Ensuring that the evaluation and promotion policies are fair, transparent, and consistent with the University's regulations.
h). Recusal and Conflict of Interest: Addressing any potential conflicts of interest among committee members and ensuring a fair and unbiased evaluation process.
i). Documentation: Keeping accurate and comprehensive records of each student's academic progress, decisions made, and any relevant communications.
j). Communication: Communicating with students about their academic performance, promotion decisions, and any necessary remediation plans.
k). Monitoring Progress: Monitoring the progress of students who have been placed on academic probation or are undergoing remediation.
l). Continuous Improvement: Continuously evaluating and refining the evaluation and promotion process to enhance its effectiveness and fairness.



The SEPC plays a critical role in ensuring that medical students meet the academic standards required to progress through their medical education and become competent and compassionate healthcare professionals by providing guidance, support, and oversight, the committee contributes to the overall success and excellence of medical education within the University.

Each student is considered individually with emphasis upon quality of performance. The committee may recommend continued pursuit of medical studies for any student who is justifiably assumed capable of completing the degree requirements within the established time limits.

SEPC Authority

The committee holds the authority to offer recommendations in the following domains:

- a).** Devising a remedial: Head of the Course/Clerkship Chair's recommendations regarding remediation will be given primary consideration, subject to approval by the committee.
- b).** Placing a student under monitoring status or on academic probation.
- c).** Assessing all petitions following a leave of absence and making recommendations regarding the student's ability to resume medical studies.
- d).** Evaluating and proposing a suitable course of study after a leave of absence.
- e).** Support students who are suspected to be experiencing emotional or addictive disorders or facing substance abuse issues.
- f).** Considering other actions for individual students that are not covered by the specific responsibilities above and have been referred to the committee.

University uses a range of assessment techniques that are appropriate for testing the curricular outcomes.

University determines the most appropriate scheme of assessment for their curriculum. However, schemes meet best practice in assessment, and the medical school is able to provide evidence that the schemes are valid and reliable, and that they have processes for setting standards and making decisions about student performance.

Schemes of assessment are transparent, fair, and meet appropriate standards. Medical school to ensure fairness, consistency, and transparency across courses and academic societies.

Professional conduct is expected from students concerning examination obligations.

General provision on student assessment:

- a).** there is a clear indication of how the scheme of assessment deals with all the curricular outcomes;
- b).** there is a clear indication of how individual assessments and examinations contribute to the overall assessment of the curricular outcomes;
- c).** there is a clear indication of how the targeted curricular outcomes have been met;
- d).** students have clear guidance about what is expected of them in any examination or assessment;
- e).** In basic courses, electronic assessments are conducted, and students are expected to strictly follow the designated start and end times as indicated on the course calendar.

It is essential for students to arrive at the assessment location ahead of time and ensure that the exam file is uploaded no later than the specified end time of the assessment.



Students may be permitted to take an exam on a date later than the one published on the course calendar for the following reasons only:

- a). Failure to pass the exam.
- b). Extraordinary circumstances outside a student's control that prevent him/her from physically taking the final exam on the date published on the course calendar. Examples include:
 - Illness or accident
 - Death in the immediate family
 - Conflicts with religious obligations.
 - Conflicts with other scheduled course exams in required courses.

In abovementioned events, the student is required to notify immediately the Dean's office who will determine whether the student may be permitted to take the exam on a date later than the one published on the course calendar.

Students who fail to take an exam for other, non-sanctioned reasons will receive a grade of Fail, which will be recorded on the transcript.

Examiners are trained to carry out the role and to apply the medical school's assessment criteria consistently. They have clear guidelines for marking assessments, which indicate how performance against targeted curricular outcomes should be rewarded.

External examiners are employed to make sure that standards are met. The main purpose of assessment in the medical program is to measure a student's progress in an on-going way so that both the student and the teacher are informed on the effectiveness of learning and teaching, and to measure overall performance against some agreed criteria of competence for professional practice.

Student evaluations are regular and provide students prompt feedback on their performance, so that remedial action may be taken.

There are two types of assessment:

- a). Formative assessment (assessment during the course) and
- b). Summative assessment (the final assessment at the end of course).

The nature, frequency, content, and scoring of student examinations in each course are determined by the respective Head of the Course/Clerkship Chair and reflected in syllabus.

All officially designated exams, including quizzes, are mandatory for all registered students.

In rare cases where a student is excused from an interim or final examination, the Head of the Course/Clerkship Chair will arrange a makeup opportunity for all students.

The school regularly observes, critiques and evaluates the development of appropriate professional attributes in medical students. This evaluation encompasses the student's ability to interpret clinical, laboratory data, and diagnostic imaging, as well as their capability to create basic patient management plans. Additionally, the assessment includes evaluating the student's problem-solving skills, professionalism, clinical reasoning, and communication abilities.

Mid-course evaluations or interim examinations are conducted around the halfway point of the course to provide timely feedback on academic performance.

The school ensures that each medical student undergoes assessment and receives constructive feedback early in each required preclinical course or clerkship, allowing ample



time for improvement. Formal feedback occurs by at least the midpoint of the course. For courses shorter than four weeks, alternative methods of measuring student progress are provided. All assessment methods and time is indicated in each course syllabus.

As students' proficiency and knowledge grow, the school assigns more significant responsibilities in alignment with their abilities.

The school requires students to write daily progress notes during clerkship, which are promptly reviewed, critiqued, and provided with timely feedback. In cases where laws or institutional policies prohibit medical students from writing orders, the School may replace such tasks with similar assignments that adhere to local practices.

Assessments can take various forms, either quantitative or qualitative. They may be presented in written format or through discussions between students and school. However, irrespective of their structure, method of acquisition, or delivery, all assessments are carefully centered around and in harmony with the specified objectives of each course.

Formative assessments are designed to offer useful feedback, focusing on strengths while pinpointing areas that need improvement. They also suggest ways to enhance and meet the course objectives. These assessments are strategically scheduled during the course, providing students with enough time to identify and work on areas that require improvement.

- a). In-class Quizzes: Short quizzes conducted during lectures or small group sessions to assess students' understanding of recently taught topics.
- b). One-Minute Papers: Students are given one minute to write down the most important thing they learned during a class or session, providing insights into their comprehension and retention.
- c). Concept Mapping: Students create visual representations of relationships between concepts to demonstrate their understanding and critical thinking.
- d). Interactive Polling: Using online softs students respond to questions posed during lectures or presentations, enabling immediate feedback and engagement.
- e). Small Group Discussions: School facilitate discussions within small groups to encourage active participation and assess students' ability to apply knowledge to real-life scenarios.
- f). Mini-OSCE Stations: Mini-Objective Structured Clinical Examinations (OSCEs) consist of multiple stations where students interact with standardized patients or simulated cases, allowing school to assess clinical skills and communication.
- g). Online Quizzes and Self-Assessments: Web-based platforms offer interactive quizzes and self-assessment tools for students to gauge their understanding and identify areas for improvement.
- h). Team-Based Learning (TBL) Activities: TBL activities involve students working in teams to solve clinical cases or problems, fostering collaboration and peer learning.
- i). Mini-CEX (Clinical Evaluation Exercise): Short, direct observations of students' clinical skills by school during real patient encounters or simulated scenarios.
- j). Portfolio Assessment: Students compile a portfolio of their work, including reflections, case presentations, and self-assessments, demonstrating their learning progress over time.
- k). Written Assignments: Essays, case analyses, or literature reviews that allow students to demonstrate their understanding and critical thinking on specific topics.
- l). Annotated Multiple-Choice Questions (AMCs): Students respond to multiple-choice questions and provide explanations for their chosen answers, allowing school to assess their thought processes.



These formative assessments help students and school identify areas of strength and weakness, and they play a crucial role in guiding students' learning experiences and improving the overall quality of medical education.

The school assesses every student in both preclinical and clinical years upon the completion of each course. Various evaluation methods are used, such as Objective Structured Clinical Examinations (OSCEs), oral examinations, written tests, interactions with standardized patients, case reports submitted by students, and narrative evaluations based on direct observation. These narrative statements include written explanations for any instances of failure or ongoing marginal performance by the student.

Summative assessments also involve engaging in discussions with the student and, importantly, providing a written account that presents information, observations, and evaluations of the student's performance. These assessments include test scores as well as observations made in various educational settings such as classrooms, learning studios, or laboratories. In the case of clerkships, a significant portion of the summative assessment is derived from observations and comments given by supervising clinicians at the conclusion of the clerkship. The purpose of the summative assessment is to offer an end-of-course evaluation of the student's overall performance, with special attention to how well they have achieved the specified learning objectives for the course, which are designed to support the acquisition and mastery of essential competencies.

Heads of the Course/Clerkship Chairs generally determine the methods, formats, and frequency of student assessment that best reflect the content and objectives of the course or clerkship.

Student evaluations occur regularly and provide timely feedback to the students regarding their performance, enabling them to take remedial actions if necessary. Final grades are typically available within six weeks after the conclusion of a course. If a student faces simultaneous examinations in two courses, they are responsible for notifying both Heads of the Course/Clerkship Chairs in writing. If both courses are required, the Head of the Course/Clerkship Chairs will collaborate with each other and the student to set suitable exam times. In the case where one course is mandatory and the other elective, the student will take the required course exam at the scheduled time and coordinate with the elective Head of the Course/Clerkship Chair to arrange an alternative exam time.

The school relied on Bloom's taxonomy in structuring the teaching-learning and evaluation process.

The students will be assessed with the 100-point system. The assessment of students encompasses the midterm assessment (maximum 30 points) and final exam (maximum 70 points). The sum of both assessments is referred to as a Final Assessment (maximum 100 points).

Indexed System of Evaluation

Four types of positive assessment:

- (A) Excellent - 91-100 points of the evaluation;
- (B) Very good - 81-90 points from maximum marks;
- (C) Good - 71-80 points from maximum marks;
- (D) Satisfactory - 61-70 points from maximum marks;

Two types of negative assessment:

- (FX) Did not pass - 51-60 points from maximum marks, which means that a student needs harder work to pass and is granted one additional attempt with independent work;
- (F) Fail- 50 points and less from maximum marks, which means the performance a student is not sufficient and he/she has to learn the subject from the beginning.



Only the students who were present during the mid-exam will be allowed to take the final exam. The minimum score for passing the final exam is 60% of the maximum score.

A student can retake the final examination if he/she collects 51-60 points from maximum marks which means the student is granted one additional attempt.

In case of getting FX in the component of an educational program, the University shall appoint an additional exam not less than 10 days after announcement of final exam results.

The number of points a student obtains in the final assessment is not added to those on additional examination.

If a student fails to pass the re-take exam, he/she will study the course again. The student will be granted credits in case of receiving one of the positive assessments

Assessment of the additional examination is concluding and will be reflected in the final assessment of the educational program component. Only one opportunity will be allowed to remediate an unsatisfactory grade by repetition of a course. If a student fails to attain a satisfactory (or better) grade upon repetition of the course, the final grade will be Unsatisfactory, and the student will be referred to the Dean for consideration of the student's future status in the medical program.

All unsatisfactory grades from one academic year must be remediated before a student may begin the next academic year.

All disciplinary cases involving a student must be resolved, and the student's status in the School must be restored to "good standing," before the student may receive a degree. Only students who are in good standing will be permitted to participate in commencement or related activities or exercises.

At the completion of each course, the respective Vice-Dean reviews the academic progress of each student to identify those students whose academic or professionalism performance may warrant a potential committee action.

The chair of the SEPC notifies those students in writing to inform them that they have met the threshold criteria of potential committee action and of their rights and responsibilities.

Students facing a potential adverse action are required to meet (either in person or by phone) with a representative from the Student Office to review the due process and procedures.

SEPC meetings are arranged within a timeframe of 5 to 10 business days after the SEPC Chair's notification. However, if the recommended action is related to a grade, professionalism citation, or any other SEPC action under appeal, the SEPC action may be postponed until the appeal process is finalized.

The SEPC uses the following process for evaluation:

- a). During each evaluation meeting, the SEPC examines students who may face potential committee action concerning academic and non-academic matters. Any additional information provided by the student (in writing or in-person) is considered.
- b). Students facing potential committee action related to their academic or non-academic performance may submit additional documentation or information before the meeting or present it during the meeting when their record is discussed. Written responses must be received by the Student Office at least two business days before the SEPC meeting. However, the student may not be present during committee deliberations.
- c). The student may have a chosen individual(s) accompany them at the SEPC meeting for support and counsel. However, these supporting individuals may not ac-



tively participate in the proceedings. If desired, the student can be accompanied by the Vice- Deans. Alternatively, a school member not on the SEPC can serve as the student's advocate. This advocate may be present only while the student is present but cannot take part in committee discussions or decisions.

- d).** Additional information may be requested from the Head of the Course/Clerkship Chair, school, or staff, and the student will also receive this information before the SEPC makes a decision.
- e).** The SEPC may recommend improvement plans or longer-term remedial plans for students experiencing difficulties, or it may take appropriate disciplinary action, which could include dismissal from the educational program.
- f).** Special SEPC meetings may be convened in response to reports of unprofessional behavior or serious concerns regarding a student's academic performance, received by the Vice-Deans. In these cases, the timeline for scheduling an SEPC meeting may be waived, particularly if there are concerns about patient or student welfare. The SEPC may recommend improvement plans, or take appropriate disciplinary action, up to and including dismissal from the educational program.
- g).** The committee chair will inform each student in writing about the committee's recommendations regarding adverse actions and provide the student with the opportunity to appeal the recommendation if desired.
- h).** The SEPC shall make recommendations regarding students' advancement, graduation, monitoring status, probation, dismissal, remediation, leaves of absence, and re-enrollment.

The Dean has the final authority to determine the appropriate course of action for each student.

The SEPC takes into account a student's comprehensive performance when formulating recommendations regarding promotion, graduation, and overall academic progress. Decisions are based on various information, including grades, written evaluations, and both cognitive and non-cognitive data provided by the school during different courses. To be recommended for promotion and graduation, students must obtain a pass grade in every course, and also adhere to professionalism standards. Regular formative and summative assessments ensure that all students are informed about their academic progress.

Students receiving four types of positive assessment (A, B, C, D) grades for all basic courses or clerkships in a given year, and who meet the professionalism objectives of that curricular year, are normally advanced to the next year of study or recommended for graduation.

Students with FX grades will be provided with a deadline of retake exam. Students with one F grade, are reviewed by the committee to determine appropriate follow-up or action which could include no additional requirements.

The student may also be placed on a monitoring or probationary status until required actions are completed.

Students with two or more F grades will be reviewed separately by the committee to determine their suitability for continuing in the medical education program.

In the fourth year, each student undergoes evaluation by the SEPC to assess their eligibility for graduation. During this review, the committee carefully considers the student's performance during the Basic Science years, their clinical performance during clerkships, and their demonstration of professionalism throughout the program. Additionally, the committee ensures that all compulsory examinations and courses have been successfully completed.

If a student believes that the advancement and graduation recommendation made by the SEPC does not align with the specified program policies or other requirements for



continued enrollment or professionalism, they have the option to appeal the recommendation. Further details can be found in the Graduation Policy.

If a student is having academic difficulty, Program Director, and the Vice-Dean, will determine whether the student should continue the basic/clinical science courses or withdraw or discontinue. In either case, a remediation plan will be formulated. If the decision is to require the student to discontinue the study, the student should be presented at the Student Promotion and Evaluation Committee and placed on Monitored Academic Status (MAS) or, if the student has MAS, the student will be placed on Academic Probation.

Monitoring is a cautionary measure signaling that a student's progress is not meeting expectations, prompting them to take appropriate steps to address the concerns. These steps may include seeking assistance from the Student Office, consulting their Academic Counselor and limiting extracurricular activities. In certain instances, the SEPC may require the implementation of these measures. Students can be placed on either academic or non-academic monitoring status.

Academic Monitoring:

Students may be placed on academic monitoring if they receive a failing grade (F) in a course or if they are required to repeat a course. Typically, academic monitoring status is lifted after a student attains three consecutive pass grades. However, the SEPC has the discretion to extend the monitoring period as necessary. Throughout this period, the SEPC consistently evaluates the student's performance. If any new deficiencies arise during this time, the SEPC will take appropriate actions tailored to the individual student's needs.

Non-academic Monitoring

Non-academic monitoring pertains to issues related to professionalism and other behavioral standards. A student placed on non-academic monitoring will remain under monitoring status until they receive five consecutive course grades with no further concerns.

During this period, the SEPC continually assesses the student's performance. If any new deficiencies emerge during this period, the SEPC will take the necessary action suited to the individual student's circumstances.

Students who demonstrate significant academic or non-academic concerns may be placed on probation. Probation serves as an alert that the student is at risk of dismissal. Student probation programs are put in place to address academic or professional concerns and provide an opportunity for students to improve their performance. Reasons for putting student on probation might include factors such as failing grades, repeated academic deficiencies, unprofessional conduct, or ethical violations.

Academic probation is enforced when a student, who is already on academic monitoring status, continues to accumulate deficiencies.

During the academic probation period, the medical student may be subject to certain conditions or requirements, which can include:

- a). Academic Improvement Plan: The student may be required to work closely with Academic Counselors or school members to develop a personalized plan for academic improvement.
- b). Performance Reviews: Regular assessments of the student's progress may be conducted to monitor their academic performance during the probationary period.
- c). Additional Support: School may provide the student with additional academic support, such as tutoring, study skills workshops, or resources to enhance their



learning.

- d). Probationary Status Review: At the end of the probationary period, the student's academic performance will be evaluated again to determine whether they have successfully met the required standards. Depending on the outcome, the student may either be removed from academic probation or face further academic consequences.

Academic Probation is intended to help struggling students identify areas for improvement and provide them with the necessary support and guidance to succeed in their medical studies.

The duration of probation and the specific requirements for improvement can vary depending on the severity of the concerns and is limited to minimum one term and maximum up to three terms.

Students on probation may be required to meet certain academic benchmarks, participate in remedial programs, or undergo additional evaluations or counseling.

During the probationary period, students may receive additional support, counseling, or academic assistance from the school. They may also need to meet regularly with Academic Counselors or school members to monitor their progress.

Successfully addressing the identified issues can lead to the removal of probationary status, allowing the student to continue their medical education without further impediments.

Failure to meet the conditions for improvement during the probationary period can result in more severe consequences, such as dismissal from the medical program.

The decision to place a student on probation is made by School Council in consultation with the relevant school, administrators, and the Student Office.

Promotions and Tenure Committee

The Promotions and Tenure Committee (PTC) is responsible for assisting the University in maintaining a school of excellence. In addition, it has the responsibility to individual school members for fair and timely recognition and encouragement of academic achievements. The PTC will make recommendations concerning the promotion and tenure of the school that hold tenure-track or non-tenure track appointments. In addition, the Committee will review the application of any new school member requesting a promotion or tenure position at direct appointment eliminating the probation period. The Committee recommends to the President of the university the numbers of promotions and tenure positions to be announced. The President will include this summary with his subsequent recommendations to the Board of Trustees of the University who approves promotion and tenure positions till the beginning of each academic year.

The Structure of the Committee

- 1). Provost – ex officio Chair of the Committee;
- 2). Two Vice Deans of Medical School (Basic, Clinical);
- 3). One representative from the Research Support Centre;
- 4). Five external peers, not less than two for both basic and clinical sciences, respectively.

PTC external peers are appointed by the President and serve a three-year term. Members listed in can be re-appointed for another consecutive three-year term, but, after two consecutive terms, must rotate off the external panel for at least one year before standing for future election to the Committee. If for any reason an external panel representative is unable to complete his/her term of office, the President must appoint another representative to complete the term. The PTC elects its secretary annually.



Committee members with conflict of interest cannot participate into the process. Conflict of interest is defined as a relative, social, or economic relationship between the persons participating in the evaluation - the evaluator and the appraisee, as well as any other circumstance that can affect the impartiality of the evaluator in a positive or negative way.

In the event of a conflict of interest, the Committee member is obliged to declare self-recusal, or the Chair shall not take into account the evaluation of the member with a conflict of interest when summarizing the evaluations.

Committee Decision Making Process

The chair of the PTC is responsible for ensuring that all the submitted documentation is available for review by all members of the Committee. As the PTC is charged with a thorough evaluation of each candidate before reaching to a recommendation, each member of the Committee is required to review all the submitted documentation concerning an individual prior to discussion and voting by the PTC. In addition, a subcommittee appointed by the chair will read all the documentation in depth and make a recommendation to the full Committee. Subcommittee shall include 3 members, out of which, two shall be from the same field as the candidate (Basic Sciences or Clinical sciences). Following discussion, the PTC will vote to reach its final recommendation. Recommendations will follow the simple majority vote of the members listed. The ballot results will be placed in a sealed envelope which shall be forwarded to the Provost and remain unopened unless opened during an appeal proceeding. The actual vote count, final recommendation and a summary of the written comments made by the members of the committee will be submitted to the Provost in writing. Written comments made by individual members of the Committee during balloting will be sealed in separate envelopes to be kept by the chair of the PTC.

In cases where promotion or tenure is awarded, the written comments will be destroyed after the effective date of promotion or tenure. In cases of negative decisions, the comments will be held indefinitely. The chair of the PTC will inform a candidate in writing of the Committee's recommendation. All recommendations and the PTC chair's written summary statements are forwarded to the President's designee. The President will include this summary with his subsequent recommendations to the Board of Trustees of the University.

Personnel Selection Committee

To ensure a fair selection of qualified personnel, the University establishes a temporary insourced, outsourced or mixed Personnel Selection Committee. For the selection of new school, the Personnel Selection Committee is formed with peers with relevant background (associate professors of the current university and/or professors from other institutions).

In the process of selection administrators, departmental managers may be invited to participate in the Personnel Selection Committee. The Provost heads the Committee for the recruitment of the academic and visiting staff, also for the recruitments of the administrative staff under his/her vertical anagement. The COO or CFO heads the Committee for the recruitment of the administrative staff under the COO or CFO respectively.

The Personnel Selection Committee is entitled to develop evaluation criteria, based on vacancy and job description, and to rank candidates using these criteria.

The Personnel Selection Committee evaluates the candidates based solely on the vacancy and qualification requirements. Any kind of either positive or negative discrimination in the selection process is prohibited. Discrimination is defined by the Anti-Discrimination Policy.



Members of the Personnel Selection Committee with conflict of interest cannot participate into the selection process.

Conflict of interest is defined as a relative, social, or economic relationship between the persons participating in the evaluation - the evaluator and the appraisee, as well as any other circumstance that can affect the impartiality of the evaluator in a positive or negative way.

In the event of a conflict of interest, the evaluator is obliged to declare self-recusal, or the Human Resource Office shall not consider the evaluation of the evaluator with a conflict of interest when summarizing the evaluations. All participating candidates are entitled to be informed about the selection decision made regarding them.

The candidate is recruited to a vacant position on the basis of recommendation by the Personnel Selection Committee. Recruited personnel is contracted on set terms indicated in the announcement of the vacancy, and then a labor contract is concluded between recruited personnel and the University.

Appointment of academic personnel and the administrative staff of the University shall be ratified by the decision of the Board of Trustees.

Academic Personnel

The university's academic personnel are staff appointed to the academic positions of:

- a). Tenured Professor
- b). Tenured Associate Professor
- c). Tenured Assistant Professor
- d). Professor
- e). Associate Professor
- f). Assistant Professor

Visiting school conduct teaching and participate in research process of the University, without holding an academic position.

Appointment periods for school are:

- a). Professor: 4 years
- b). Associate professor: 3 years
- c). Assistant professor: 3 years

Tenured Professor

A Tenured Professor holds a senior academic position at a university, having achieved tenure. This is a prestigious and permanent appointment that reflects the highest level of accomplishment and recognition in academia. Tenured Professors develop and approve university curricula, and course material, identify research areas and assist with the creation of a university environment that encourages equality and freedom of speech.

The responsibilities of Tenured Professor

- a). Deliver high-quality courses in their area of expertise.
- b). Provide mentorship and academic guidance to students.



c). Develop and update course content, materials, and assessments to ensure academic rigor and relevance.
d). Engage in scholarly research, producing original work that contributes to their field and advances knowledge.
e). Publish research findings at reputable academic journals and present at conferences.
f). Secure external research grants and funding to support research projects.
g). Play a leadership role within the academic department, providing guidance on curriculum development, program evaluation, and strategic planning.
h). Collaborate with colleagues on research initiatives and interdisciplinary projects.
i). Serve as a mentor to school and researchers.
j). Contribute to the university's governance through active participation in departmental and university committees.
k). Participate in academic and community outreach activities, including serving on professional boards or committees.
l). Act as a reviewer or editor for academic journals or conferences.
m). Promote a positive and inclusive learning environment for students.
n). Provide guidance on academic and career development.
o). Share expertise with the broader community through public lectures, workshops, or consulting.
p). Uphold the highest standards of academic excellence and integrity.
q). Maintain an active scholarly presence in their field and keep abreast of the latest developments.

Tenured Professor Requirements:

- 1). A Ph.D. in the relevant field.
- 2). Outstanding (over 10 years) experience in teaching, conducting research, and publishing papers.
- 3). Demonstrated leadership in academic, professional, or community contexts.
- 4). Outstanding communication, mentoring, and collaborative skills.
- 5). A strong commitment to the values and mission of the university.

Tenured Associate Professor

A Tenure Associate Professor is a senior academic school member who has achieved tenure status at a university. They hold a distinguished position with significant responsibilities in teaching, research, and service. The Tenure Associate Professor holds tenure status, which signifies a permanent appointment at the institution and recognition of their academic contributions. Tenured Associate Professors provide high-quality instruction to students in the respective department's area of expertise; develop and deliver courses, mentor students, and contribute to curriculum development; maintain an active and productive research agenda; publish in reputable academic journals, present research findings at conferences, and secure external research funding as applicable.



The responsibilities of Tenured Associate Professor

a). Provide high-quality instruction to students in the department’s area of expertise. Develop and deliver courses, mentor students, and contribute to curriculum development.
b). Maintain an active and productive research agenda. Publish at reputable academic journals, present research findings at conferences, and secure external research funding as applicable.
c). Engage in university’s and departmental service activities, such as committee work, academic governance, and contributions to the university’s mission.
d). Mentor and advise graduate students and junior school members. Provide guidance and support in their academic and research endeavors.
e). Stay current in the field by pursuing ongoing professional development, attending conferences, and contributing to the academic community.
f). Work towards achieving tenure by meeting established criteria, which may include a strong record of research, teaching excellence, and service contributions.
g). Collaborate with colleagues within and outside the department to foster interdisciplinary research and academic initiatives

Tenured Associate Professor Requirements:

- 1). A Ph.D. or equivalent terminal degree in the relevant field.
- 2). Demonstrated excellence in teaching, research and service.
- 3). A strong record of scholarly publications.
- 4). Leadership skills and the ability to contribute to the department’s and university’s goals.

Tenured Assistant Professor

A Tenured Assistant Professor is a school member at an entry-level position at the university. They deliver courses within the respective department’s area of expertise, develop and enhance teaching skills and engage students in learning, conduct research and scholarly activities, leading to publications in academic journals and presentations at conferences, and develop an active research agenda.

The responsibilities of Tenured Associate Professor

a). Deliver undergraduate and/or graduate courses within the department’s area of expertise.
b). Develop and enhance teaching skills and engage students in learning.
c). Conduct research and scholarly activities, leading to publications in academic journals and presentations at conferences. Develop an active research agenda.
d). Provide mentorship to students, including undergraduate and graduate students, and participate in academic advising.
e). Engage in departmental and university service activities, including committee work, academic governance, and contributing to the university’s mission.
f). Pursue professional development opportunities to enhance teaching and research skills.



g). Work toward achieving tenure by meeting established criteria, which often include demonstrating a strong research trajectory and making contributions to teaching and service.

Tenured Assistant Professor Requirements

- a). A Ph.D. or equivalent terminal degree in the relevant field.
- b). Demonstrated potential for excellence in research, teaching, and service.
- c). The ability to contribute to the department's and university's goals.

Professor

Professors define the concept of the curricula or its separate components, deliver and monitor the educational process, lead scientific-research activity and participate in the management and decision-making process at a university.

The responsibilities of Professor

a). Developing curricula and delivering course material.
b). Conducting research, fieldwork, and investigations, and writing up reports.
c). Publishing research, attending conferences, delivering presentations, and networking with others in the field.
d). Traveling to other universities or academic settings to participate in learning opportunities and gain experience.
e). Participating in committee, departmental, and school meetings.
f). Providing training and mentoring to teaching academic staff.
g). Reviewing methods and teaching materials and making recommendations for improvement.
h). Assisting with student recruitment, interviews, and academic counseling sessions.
i). Contributing to the creation of an environment that promotes growth, equality, and freedom of speech.

Professor Requirements:

- a). A Ph.D. in the relevant field.
- b). 8 years of experience teaching in an academic setting.
- c). Published articles in peer-reviewed journals and proven experience as a researcher.
- d). Strong teaching and mentoring skills.
- e). Excellent presentation, and written and verbal communication skills.
- f). A sound understanding of and passion for subject matter.
- g). Willingness to work long hours, and travel frequently.
- h). A growth mindset and excellent networking abilities.

Associate Professor

Associate professors develop and deliver course material, perform teaching and scientific-research activity and participate in the university's management and operations.



The responsibilities of Associate Professor

a). Developing and delivering course material, curricula, and syllabi.
b). Assisting with the training and recruitment of new school and Assistant Professors.
c). Conducting research, publishing papers, and attending conferences.
d). Attending academic events and networking with other researchers and field experts.
e). Supervising, advising, and mentoring graduate students.
f). Participating in school and departmental meetings.
g). Shortlisting, interviewing, and selecting students for graduate programs.
h). Organizing guest seminars and school events where students can interact with established industry professionals.
i). Traveling to other higher education settings to gain experience and expand networks.
j). Writing proposals to secure research funding.

Associate Professor Requirements:

- a). A Master's or Ph.D. in a relevant discipline.
- b). Extensive (over 5 year) experience of teaching in an academic setting.
- c). Proven academic prowess, with articles published in peer-reviewed journals of significant impact.
- d). Excellent research, teaching, and presentation skills.
- e). Willingness to engage with a range of professionals and students.
- f). Dedication to excellence in your field.
- g). A professional attitude and great work ethic.

Assistant Professor

Assistant professors perform teaching process and might participate in a scientific-research activity. Assistant Professors preparing lectures, developing course materials, grading assignments and exams, and providing guidance to students. They are expected to engage in research activities and contribute to the academic community through publications in peer-reviewed journals, presentations at conferences, and other scholarly activities. They advise undergraduate and graduate students, guiding them in their academic and career paths.

The responsibilities of Assistant Professor

a). Delivering course material, curricula, and syllabi.
b). Conducting research, publishing papers, and attending conferences.
c). Attending academic events and networking with other researchers and field experts.
d). Supervising, advising, and mentoring graduate students.
e). Participating in school and departmental meetings.



f). Traveling to other higher education settings to gain experience and expand networks.

g). Co-writing proposals to secure research funding.

Assistant Professor Requirements:

- a). A Master's or Ph.D. in the relevant discipline.
- b). Proven academic prowess, with publication(s) in peer-reviews journals.
- c). Good research, teaching, and presentation skills.
- d). Willingness to engage with a range of professionals and students.
- e). Dedication to excellence and strive for professional development in the field.

Visiting School

Visiting school conduct teaching and participate in research process of the University, without holding an academic position.

The responsibilities of Visiting School

a). Instructing on established courses.

b). Conceiving, refining, and teaching novel lecture series.

c). Partaking in collaborative investigations.

d). Setting and examining coursework and summative assessments.

e). Attending school-organized training and networking meetups.

f). Promoting awareness about University's endeavors.

g). Forging gainful, long-lasting partnerships between educational institutions.

Visiting School Requirements:

- a). A pertinent master's or doctoral degree, where the latter is ideal.
- b). In-depth experience in a fitting academic post.
- c). Finely-tuned teaching and research capacities.
- d). Excellent verbal communication skills.
- e). An affable, culturally sensitive disposition.
- f). Enthusiastic about impactful mentorship and mutually beneficial collaboration.
- g). Capacity to live elsewhere for prolonged periods.
- h). Commitment to representing institution favorably.





School Personnel Evaluation System

The university uses a 360-degree personnel evaluation system, which provides an evaluation of the employee's work with objective, versatile and impartial tools, along with the ability to perform his/her tasks.

360-degree assessment provides a multi-faceted assessment of all key skills and qualities demonstrated by the staff in the workplace, by their supervisors, colleagues, and those benefiting from the results of their activities - university teaching staff and students.

Principles personnel evaluation

The principles of the 360-degree system of personnel evaluation are:

- a). Multi-faceted feedback: 360-degree assessment provides staff assessment not only from the point of view of the manager/supervisor or based on the customer satisfaction index, but, in parallel with the above, it involves in the process his/her direct colleagues and persons with whom the staff to be evaluated have daily professional cooperation.
- b). Team development: The involvement of colleagues in the work process ensures the formation of a team around one goal and corporate values, the formation of team spirit and common work ethic.
- c). Development of organizational effectiveness: 360-degree evaluation demonstrates the dynamics of organizational progress, its weak and strong points to the evaluator, reveals areas of effective and less effective work of the team and their causes, which ultimately allows the organization to focus on developing strengths and eliminating weaknesses.
- d). Career development: As a result of conducting evaluations from many sources, both the evaluated staff and the evaluating organization receive objective and less biased information about the need for development, and ways and forms of improving work efficiency which is the basis for career development planning by both the employer and the staff.
- e). Reduction of the risk of bias and discrimination: Comparing the evaluations of the evaluators in different job positions excludes the evaluation of the subjective opinions, preferences, and other individual characteristics, which pose the risk of a discriminatory approach.
- f). Improving the quality of work: It is a clear indicator for the evaluators, the comparison of the evaluations for efficiency, customer satisfaction, cooperation and other collegial skills from the people involved in daily professional activities for the achievement of the organization's goals. It helps the evaluators identify which organizational process improvements in any position will have a positive impact on both the daily process administration and the end-result satisfaction indicators.

The evaluation results are compared to the skills, work principles and values that represent the core organizational values stated in the university's mission statement.

The components of 360-degree evaluation are:

- a). Self-review
- b). Peer Review
- c). Managerial Review
- d). Student Feedback



Evaluation of School Academic Staff

The following participate in the evaluation of academic staff:

- a). Evaluation Administrator - Human Resource Office representative.
- b). Direct supervisor of the staff to be evaluated - Dean, Vice-Deans and Program Director.
- c). Not less than 4 and not more than 6 administration staff - who must represent the structural units of the administration, which have a professional connection with the academics.
- d). Not less than 4 and not more than 6 school staff, who had an official contact with the staff to be evaluated during the reporting period.
- e). Not less than 4 and no more than 6 students, who during the reporting period had a contact (underwent an educational course) with the evaluated personnel.
- f). School to be evaluated, through the Self-evaluation review.

For each category of evaluators, the Human Resource Office develops an evaluation form.

The Human Resource Office ensures the collection of more evaluations from which the necessary number of evaluation forms will be selected based on the principle of random selection. It is permissible to collect evaluations from academic and visiting staff and students, based on the evaluations collected by the Quality Assurance Office.

If a specific category of evaluators includes more than one evaluator, the arithmetic average of all evaluations of this category is considered.

If there is a variance of more than 25% between the assessments of evaluators and the self-evaluation of the evaluated staff in the case of parameters, those differences will be singled out and explained in detail. The Quality Assurance Office will then determine whether additional evaluation and analysis are necessary.

General findings, and in case of significant difference, assessments of individual categories of evaluators are reflected in the staff assessment report.

The evaluators' recommendations regarding staff development are reflected in the appendix of the report.

The staff evaluation report is sent to the evaluated staff, his/her supervisor and the President of the university. A copy of the report and evaluation materials are kept in the Human Resource Office of the University.

Disclosure of the staff evaluation report and the materials based on it or transfer to other persons, except for the cases as established by the legislation and the university's judicial acts, is not allowed without the written consent of the evaluated staff.

Conflict of interest

Conflict of interest is defined as a relative, social, or economic relationship between the persons participating in the evaluation - the evaluator and the appraisee, as well as any other circumstance that can affect the impartiality of the evaluator in a positive or negative way.

For the purposes of this article, persons who are related by family relationship for a long time are also considered to have a family relationship.



Conflict of interest excludes the participation of the evaluator in the evaluation process of the respective candidate. In the event of a conflict of interest, the evaluator is obliged to declare self-recusal, or the Human Resource Office shall not take into account the evaluation of the evaluator with a conflict of interest when summarizing the evaluations.

If the evaluator with a conflict of interest is the only evaluator, Evaluation Administrator decides to remove this category of evaluator from the evaluation component or assign his/her evaluation to another structural unit.

Evaluation Schedule

Evaluation of staff is carried out annually, after the end of the academic year. Extra evaluation of the personnel can be carried out in cases where the probationary/working period expires, or promotion or salary increases.

The decision on the early evaluation of the personnel is made by the President/CAO of the University, based on the petition of the Human Resource Office representative, and the approval of the supervisor of the personnel to be evaluated.

Ranking of Evaluation Results

The following grading scale is used in the evaluation system:

- a). Outstanding grade - 76-100% of the total assessment grade.
- b). Positive assessment - 51-75% of total assessment grade.
- c). Low grade - 26-50% of total assessment grade.
- d). Unsatisfactory grade - 0-25% of total assessment grade.

Response to the Results of Personnel Evaluation

Information about the staff with “outstanding” assessment is submitted to the President of the university and the supervisor of the assessed staff, in order to discuss his/her promotion. The staff with the mentioned evaluation is entitled to request the university to engage in professional development activities important for his/her future development.

Personnel with a “positive” evaluation are authorized to develop a self-development plan aimed at improving 1-3 indicators in the evaluation. The personnel with the mentioned evaluation are entitled to participate in professional development events organized by the university.

Personnel with a “low” rating, together with their supervisor, are required to develop a self-development plan aimed at improving 3-5 indicators in the rating. The mentioned plan is to be approved by Human Resource Office representative. The staff with the mentioned assessment is obliged to participate in professional development events organized by the university.

In relation to staff with an “unsatisfactory” assessment, Human Resource Office, together with the assessed staff and his/her supervisor, studies the causes of the assessment and possible ways to overcome it, and submits one of the following recommendations to the Human Resource Office representative:

- a). specify the need to set professional development goals.
- b). recommend to transfer to another working position after having the consent of the respective person.
- c). terminate the labor relation with the person.



In the case of deciding to proceed with the option “a”, the staff is obliged to develop a self-development plan and participate in professional development events organized by the university.

Receiving an “unsatisfactory” rating twice in a row is the basis for termination of the employment contract with the staff.

The indicators of subsequent staff evaluations are also compared with the evaluation indicators of the previous period, as a result of which the Human Resource Office distinguishes improved and deteriorated parameters. If the change in the estimates of a specific parameter exceeds 20% then it is considered substantial.

Personnel whose assessment has deteriorated by at least the index - 0-25% of total assessment grade., regardless of the ranking of their total assessment, are obliged to develop a self-development plan aimed at improving the relevant parameter.

Tenure

The tenure track is designed to support school members in achieving excellence in teaching, research, and service. The commitment to fostering a vibrant academic community and advancing medical knowledge is reflected in tenure criteria and review process. By promoting school growth and recognizing exceptional contributions, University aims to create an environment that nurtures innovation and addresses the health-care challenges of our community. The tenure track allows the institution to assess the school member’s overall performance and alignment with the University mission and goals, build their academic portfolio and demonstrate their commitment to the institution.

General tenure criteria are:

- a). Teaching Excellence: Demonstrate excellence in teaching as evidence of effective teaching methods, positive student evaluations, and contributions to medical education.
- b). Contributions to Medical Education: Significant contributions to medical education innovations, curriculum development, and teaching methodologies may be recognized for their efforts.
- c). Research Productivity: Strong record of research productivity including publications in reputable medical journals, presentations at conferences, and securing research funding.
- d). Contributions to Medical Practice and Patient Care: Clinical expertise, patient care outcomes, and contributions to clinical practice patient care improvements, and the translation of research findings into clinical applications.
- e). Impact and Recognition: Evidence of the impact of the school member’s work, such as citations of their research, awards, and honors, may be considered as part of the tenure evaluation.
- f). Service to the Institution: Service contributions to the University, such as Council participation, administrative roles, and involvement in academic governance.
- g). Service to the Profession: Contributions to the broader medical and healthcare community, including involvement in professional organizations, peer reviewing, and leadership roles.

Type of Tenure Tracks in the School of Medicine



School can grant Tenure in the following directions:

- a). Clinical Sciences
- b). Research
- c). Basic Sciences

Tenure track school may petition their Vice Dean to transfer to another tenure track. The decision must be based on the achievements of the school member and the needs of the department, and must meet the requirements set forth by the PTC. Also, any time served in non-tenure tracks will need to be reviewed if it could fulfill tenure track requirements. If any of the Department Chairs is applying, then he/she will petition the PTC.

School on probation cannot switch from research to basic or clinical or vice-versa prior to obtaining tenure. Tenured school members may petition their Chair for a change in track assignment at any time after receiving tenure knowing that this change may delay their promotion to the next higher rank due to the different achievement expectations for these different tracks.



Criteria for Tenure Track for Clinical Sciences

Tenure criteria for the Clinical Sciences direction are as follows:

Position	Teaching	Research/ Scholarly Activity	Patient Care	Service	Recommendation Letters
Assistant Professor	<ul style="list-style-type: none"> Participating in the organization, coordination and evaluation of a course or series of lectures. Improves teaching resources (syllabi, manuals, testing procedures, preparation and evaluation of standardized patients and similar resources). Develops and/or presents effective continuing education or other professional programs. 	<ul style="list-style-type: none"> Article or poster presented at local or regional meeting/conference. 	<ul style="list-style-type: none"> Maintains high level of professionalism (professional/exemplary level on annual evaluations). Compliant with the medical records policy of the institution. Demonstrates overall professional-level clinical competency as assessed by the department chair (parameters of clinical competency predetermined by the department Chair at the time of appointment). 	<ul style="list-style-type: none"> Uncompensated membership on hospital or health department Councils. Community service comprised of service on a board or steering Council of an organization. 	<ul style="list-style-type: none"> Two recommendation letters (Internal and External).
Assistant Professor to Associate Professor	<ul style="list-style-type: none"> Publication of two articles in educational research as either primary author or co-author. <p>Along with any two of the following:</p> <ul style="list-style-type: none"> Develops or facilitates improvements in teaching techniques or methods of evaluation. Participating in the design, organization, coordination and evaluation of a course or series of lectures. Participates in educational planning through service in the School of Medicine or Curriculum Committee. Develops or substantially improves teaching resources (syllabi, manuals, testing procedures, preparation and evaluation of standardized patients and similar resources). Develops and/or presents effective continuing education or other professional programs/meetings including presentations. Publication of papers and/or presentation at professional meetings on topics related to education. 	<ul style="list-style-type: none"> Attendance at one national professional society meeting per year. Oversee (as a mentor) medical student/resident/fellow in research projects that may include chart review projects or case presentations. Poster presented by mentee at local or regional meetings. 	<ul style="list-style-type: none"> Various appointments in clinical practices. Peer rating reflects professional-level clinical competency (peer evaluation questionnaire to be predetermined). Patient satisfaction rated equal or better than the average for peer groups (peers from School's own department and patient satisfaction questionnaire provided to the School at the time of appointment). Maintains high level of professionalism (professional/exemplary level on annual evaluations). Compliant with the medical records policy of the institution. Demonstrates overall professional level clinical competency as assessed by department chair (parameters of clinical competency predetermined with/by the department Chair at the time of appointment). 	<p>Along with any three of the following:</p> <ul style="list-style-type: none"> Member of the University Council. Membership on Councils or Boards of state/regional/national medical organizations. Participation in multi-center clinical trials or participation in demonstration projects/model programs such as obesity initiative, abuse prevention program or pre-hospital training. Organize local or regional research symposiums. Uncompensated membership on hospitals or health department Councils. Community service comprised of service on a board or steering Council of an organization. 	<ul style="list-style-type: none"> One recommendation letter from peers within the School. Two recommendation letters from extramural peers.
Associate Professor to Professor	<ul style="list-style-type: none"> Publication of two articles in educational research as either primary or co-author. Develops or facilitates improvements in teaching techniques or methods of evaluation. Participating in the design, organization, coordination and evaluation of a course or series of lectures. Participates in educational planning through service on the Medical School or departmental Curriculum Council. Develops or substantially improves teaching resources (syllabi, manuals, testing procedures, preparation and evaluation of standardized patients and similar resources). Develops and/or presents effective continuing education or other professional programs/meetings including invited presentation. Publication of papers and/or presentation at professional meetings on topics related to education. <p>Additionally, two of the following required</p> <ul style="list-style-type: none"> Leadership through design, organization, coordination and evaluation of a course(s). Administrative responsibility at the Medical School or department level of the curriculum. Leadership in organizing continuing education or other professional programs/meetings. Invited to organize and participate with a major role at a regional or national meeting that involves education. Obtain extramural funding for novel curriculum development or research on more effective teaching modalities. 	<ul style="list-style-type: none"> Attendance at one national professional society meeting per year. Oversee (as a mentor) medical students/residents/fellow in research projects that may include chart review projects or case presentation. Poster presented by mentee at local or regional meetings. 	<ul style="list-style-type: none"> Patient satisfaction rated above the average for peer group (peer group consisting of School of similar rank within the department). Peer ratings reflect a professional or exemplary clinician when compared with peers. Maintains high level of professionalism (professional or exemplary level). Clinical productivity meets chair's expectations, with benchmarks to be predetermined at the time of appointment. Clinical outcome measurements are above average compared to a local or regional peer group, with clinical outcomes measures to be predetermined at the time of appointment 	<p>Along with any two of the following:</p> <ul style="list-style-type: none"> Chair of a Council. Chair or officer for state/regional/national medical organization or professional educational meetings. Development of an innovative clinical or educational program. Development of innovative programs or policies broadly impacting medical education or public health. Community service in a major leadership position. 	<ul style="list-style-type: none"> Three recommendation letters from extramural peers.

Criteria for Tenure Track for Basic Sciences

Tenure criteria for the Basic Science direction are as follows:

Position	Teaching	Research/Scholarly Activity	Service	Recommendation Letters
Assistant Professor	<ul style="list-style-type: none"> • Develops or facilitates improvements in teaching techniques or methods of evaluation. • Participation in education planning through service at the Curriculum Committee. • Receives consistent “excellent” teaching evaluations and/or teaching awards. 	<ul style="list-style-type: none"> • Peer-reviewed publication, while a school member. • Presentation of laboratory or educational research as primary author or co-author at one or more national meetings. 	<ul style="list-style-type: none"> • Service on a University Committee or a task force. 	<ul style="list-style-type: none"> • One recommendation letter from peers within the School. • One recommendation letter from peers outside of the School.
Assistant Professor to Associate Professor	<ul style="list-style-type: none"> • Develops or facilitates improvements in teaching techniques or methods of evaluation. • Responsible for the design, organization, coordination of a course (course director). • Participation in education planning through service on the Medical School curriculum Council. • Publication of peer-reviewed papers and/or presentations at professional meetings related to education. • Receives consistent “excellent” teaching evaluations and/or teaching awards. • Develops and participates in the teaching of major portions of a graduate course. 	<ul style="list-style-type: none"> • At least two peer-reviewed publications, while a school member • Application as the principal investigator (PI) or co-PI for extramural research/educational grants or contracts. • Presentation of laboratory or educational research as primary author or co-author at one or more national meetings. 	<ul style="list-style-type: none"> • Service on a University Council. • Service on a major medical School Council (e.g., Curriculum or Academic Standards). 	<ul style="list-style-type: none"> • One recommendation letter from peers within the School. • Two recommendation letters from peers outside of the School.
Associate Professor to Professor	<ul style="list-style-type: none"> • Develop a course, curricular component, educational software or provide evaluation of teaching materials (review of syllabus, subjects etc.). • Organize and participate at regional or national medical educational meetings. • Administrative responsibility at the School of Medicine or at the departmental level for topics related to the curriculum. • Exemplary performance as the Program Director or a Curriculum Committee member with “excellent” teaching evaluations of the medical course. • Obtain extramural funding for novel curriculum development or research on more effective teaching modalities. 	<ul style="list-style-type: none"> • Six peer-reviewed publications while working as a school member (three out of the six must have impact factor of 3.0 or higher). • Three out of the six must have significant contribution as being the first or the last author, except in cases where the employment contract/ research states that contribution will be in a support role into research as a vital member of the team. It can also include the work which is about to be published. • Award of at least one extramural, peer-reviewed grant as principal investigator (PI) or being a vital member of the research team with vital contribution into research as the co-PI. • Presentation of research results, on average, at one national conference/ symposium per year. • One of the following two required • Ad hoc review of an average of one manuscript per year for national/ international journals. • Service as an ad hoc member of a grant review panel for a federal agency or national foundation. 	<p>Three of four activities required</p> <ul style="list-style-type: none"> • Chair of the School Council. • Member of external advisory board/Council. • Departmental or School of Medicine administrative duties. • Provide examples of community service such as science fair judge, talks to civic organizations, outreach education etc. 	<ul style="list-style-type: none"> • Three recommendation letters from peers outside the School of Medicine.

Criteria for Tenure Track for Research

Tenure criteria for the Research direction are as follows:

Position	Teaching	Research/Scholarly Activity	Service	Recommendation Letters
Assistant Professor	<p>Two of the following</p> <ul style="list-style-type: none"> Evidence of participation in professional development workshops for teaching skills. Participate in training students while writing their thesis. Participate as a small group facilitator and/or composes a clinical/basic science case/problem. 	<ul style="list-style-type: none"> Three peer-reviewed publications while being a School member. One of the three must have an impact factor of 3.0 or higher. Award of at least one extramural, peer-reviewed grant as principal investigator (PI) or being a vital member of the research team with vital contribution into research as the co-PI. Presentation of research results, on average, at one national conference/symposium per year. 	<ul style="list-style-type: none"> Working at the School Council. 	<ul style="list-style-type: none"> One recommendation letter from peers within the School of Medicine. One recommendation letter from peers outside of the School of Medicine.
Assistant Professor to Associate Professor	<ul style="list-style-type: none"> Presents an average of six lecture hours to students. Evidence of participation in professional development workshops for teaching skills. Participate in training students while writing their thesis Involvement in professional development workshops. Participates as a small group facilitator and/or composes a clinical/basic science case/problem. 	<ul style="list-style-type: none"> Six peer-reviewed publications (three of the six must have impact factor of 3.0 or higher and three out of the six must have significant contribution as being the first or the last author, except in cases where the employment contract/research states that contribution will be in a support role into research as a vital member of the team. It can also include the work which is about to be published. Award of at least one extramural, peer-reviewed grant as principal investigator (PI) or being a vital member of the research team with vital contribution into research as the co-PI. Presentation of research results, on average, at one national conference/symposium per year. Additionally one of two activities required Ad hoc review of an average of one manuscript per year at national/international journals. Service as an ad hoc member of a grant review panel for a federal agency or national foundation. 	<ul style="list-style-type: none"> Service on the School Council. 	<ul style="list-style-type: none"> One recommendation letter from peers within the School of Medicine. Two recommendation letters from peers outside of the School of Medicine.
Associate Professor to Professor	<p>Three of six activities required</p> <ul style="list-style-type: none"> Develops or facilitates improvements in teaching techniques or methods in evaluation. Responsible for the design, organization, coordination of a course (course director). Participation in education planning through service in the Curriculum Committee. Publication of peer-reviewed papers and/or presentations at professional meetings related to education. Receives consistent "excellent" teaching evaluations and/or teaching awards. Develops and participates in the teaching of major portions of the medical course. 	<ul style="list-style-type: none"> Continued production of an average of two peer-reviewed publications per year. Award of at least one extramural, peer-reviewed grant as principal investigator (PI) or being a vital member of the research team with vital contribution into research as the co-PI. Publication of a review article, or a book/article/manuscript chapter in the field of research expertise. Presentation, as an invited speaker, of a talk at another institution or International Society Meeting. 	<p>Three of four activities required</p> <ul style="list-style-type: none"> Chair of the School Council. Member of external advisory board/Council. Departmental or School of Medicine administrative duties. Provide examples of community service such as science fair judge, talks to civic organizations, outreach education etc. 	<ul style="list-style-type: none"> Three recommendation letters from peers outside the School of Medicine.

Initial information on Tenure

New school receive from the Chair of the Promotions and Tenure Committee (“PTC”), or his/her designee, the policies and procedures for obtaining tenure together with the expectations and achievements of the new position. The Chair, or his/her designee, and the school member will sign a form stating the onboarding meeting was held and the current P&T policies and procedures were received by the school member.

Application Process for Tenure Track

School members interested in tenure, start by applying for a tenure track till the end of every calendar year, compiling an application and a dossier that documents their achievements in teaching, research, and service. The dossier shall include Self-Assessment Form, three letters of recommendation, their Curriculum Vitae, and any supporting materials such as teaching evaluations, research publications, grants secured, service activities, and other information relevant to tenure criteria.

The candidate’s dossier is reviewed by the respective Vice Dean (Basic Sciences or Clinical Sciences), depending on the department in which the candidate is working. The Vice-Dean add his/her comments to the form and completes the overall assessment section. The Vice-Dean confers with the school member and discusses the evaluation before 1st of February.

Lack of the SAF for each year that school has an appointment in the School of Medicine prevents him/her from being considered for tenure track, unless there is a letter supplied by the Dean of the School outlining an extraordinary circumstance that prevented this requirement from being met.

Copies of the completed SAFs will be maintained by the School member, his/her department Vice-Dean and the Dean or Dean’s designee.

The dossier is sent to the PTC members by email informing them about the request for tenure track from the candidate. The chair of the PTC is responsible for ensuring that all the submitted documentation is available for review and evaluation by all members of the Committee.

A three-member subcommittee of the PTC, consisting of members from the school of Medicine holding the rank of Associate professor or higher, appointed by the chair, will read in depth the application of the candidate for the tenure track and present the candidate and his/her recommendations to the PTC. Following the presentation, the PTC votes to reach its final recommendation. The decision is made by a majority vote of the members that are present. The ballot results will be placed in a sealed envelope which shall be forwarded to the Chair of the PTC and remain unopened unless an appeal occurs.

Written comments made by individual members of the PTC during balloting are sealed in separate envelopes to be kept by the Chair. In cases where tenure track is awarded, the written comments will be destroyed after the effective date of the appointment. In cases of negative decisions, the comments will be held indefinitely.

All recommendations and the Chair’s written summary statements are forwarded to the President’s designee. If the PTC declines the candidate’s application, the Chair informs the candidate in writing of the decision to deny his/her tenure track. If the PTC accepts the candidate’s application, then they, along with the Provost, recommend him/her for the tenure track. The nomination is always provided by the President and ratified by the Board of Trustees.



Probation

When a full-time school member is appointed on a tenured track basis, the appointment shall be probationary. Criteria for probation are the same as for Criteria for Tenure Track. Up to 3 exclusions on the criteria can be made by the PTC.

The length of the probation period must be established at the time of initial employment. The maximum period of probation is 7 years. In exceptional cases, newly appointed school members may request to reduce the length of the probation period using prior experience from other universities. The school member on probation, the respective Vice Dean or the Dean of the School of Medicine could agree to renegotiate the duration of the probation period. Any decision must be approved by the Provost and the President.

The University will adopt a “stop the tenure clock” policy into its promotion and tenure (P&T) guidelines where any school member on a tenure track can request for a family or/and medical leave. The maximum “stop the tenure clock” time is one year from the time the school member’s application is approved.

The school member wishing to opt for must apply to the chair of the PTC with supporting documentation (copies of birth certificate or physician’s letters).

The PTC will vote to approve or disapprove the application and the respective recommendation will be submitted by the chair of the Committee to the Dean or Dean’s Designee.

Tenure Appointments

Before completing the penultimate year of the probation appointment, the school member undergoes a comprehensive tenure evaluation, by the PTC. Evaluation includes an assessment of the school member’s teaching, research, service, and contributions to the institution and the academic community. External reviewers may be invited by the PTC to evaluate the candidate’s contributions and provide an independent perspective on the candidate’s tenure perspectives.

PTC shall recommend if he/she shall be granted with tenure. Following that, the President will nominate the appointment and the Board of Trustees will ratify it.

In case the decision is negative, the PTC will provide a one-year notice of the employment contract that will end no longer than the end of the probation period.

Tenure may be granted any time before or throughout the Tenure Track process based on the recommendation of the University’s President.

Mid-Tenure Review

Tenure track school members must undergo a formal mid-tenure review. First mid-tenure review should occur between 2-3 years after tenure is approved. Timetable for reviews is set by the PTC. The school member submits all of the documents normally required for tenure to the respective Vice Dean and the PTC. PTC will evaluate the candidate’s portfolio and provide feedback in the form of a short, bullet-point report highlighting strengths and weaknesses and recommendations for improvement. This report will become part of the candidate’s portfolio (dossier including evaluation feedback by the PTC) and is discussed by the PTC.

Post-Tenure Review

Post-Tenure Review processes are conducted by the PTC every 5 years after tenure is approved in order to ensure that the tenured school continue to meet positions’ standards and maintain a high level of productivity and commitment to their academic responsibilities.



The school member submits all of the documents normally required for tenure to the PTC. PTC will evaluate the candidate's portfolio and provide feedback in the form of a short, bullet-point report highlighting strengths and weaknesses and recommendations for improvement. This report will become part of the candidate's portfolio and is discussed by the PTC.

Termination of Tenure

Tenure may be terminated by the university under extraordinary circumstances such as the reduction of the School members or the discontinuance of the respective program etc.

Termination of the tenure may be considered in case the tenured school fails the Post-tenure review. More specifically, if the submitted portfolio does not meet the tenure criteria and this is not rectified by the time of additional post tenure evaluation that takes place not less than 6 month and not more than 1 calendar year.

Promotions

Promotion is the process by which University recognizes and advances the career of their school members. It involves assessing a school member's qualifications, accomplishments, and contributions in teaching, research, and clinical work resulting in moving from one academic rank or to a higher one.

Promotions for Tenured staff are allowed for the Directions of Clinical Sciences, Basic Sciences and Research. Promotions for Non-tenured staff are allowed for the Directions of Clinical Sciences and Basic Sciences. In addition to the usual criteria of performance in teaching, research activity and service, contributions to the overall development and reputation of the School by intramural and extramural professional activities will be considered.

For each individual, it is required that lesser achievement in one area to be balanced by excellence in another. Demonstrable competence in teaching, research activity and professional service/patient care are of paramount consideration. The understanding between the School of Medicine and the school member in regard to the distribution of effort in the areas of teaching, research and service must be a factor when various criteria are balanced. Evidence of research productivity should be manifested in publications or comparable communications.



Criteria for Promotion for Clinical Sciences Direction

Promotion criteria for the Clinical Science direction are as follows:

Position	Teaching	Research/Scholarly Activity	Service	Recommendation Letters
Assistant Professor	<ul style="list-style-type: none"> • Demonstrated promise of developing excellence in teaching. 	<ul style="list-style-type: none"> • Demonstrated promise of developing excellence in research/scholarly activities 	<ul style="list-style-type: none"> • Demonstrated professional level of competence 	<ul style="list-style-type: none"> • One recommendation letter from peers within the School of Medicine. • One recommendation letter from peers outside of the School of Medicine.
Assistant Professor to Associate Professor	<ul style="list-style-type: none"> • Instructs trainees in classroom, laboratory, patient care or other environments. • Present teaching rounds or patient conferences (once a year). • Participates in school development to improve his/her own teaching skills. 	<ul style="list-style-type: none"> • Attendance at one national professional society meeting per year. • Oversee (as a mentor) medical students and/or residents and/or fellows in research projects that may include chart review projects or case presentations. • Poster presented by mentee at local or regional conferences/symposiums. 	<ul style="list-style-type: none"> • Patient satisfaction rated above the average for peer group (peer group consisting of school of similar rank within the department). • Peer ratings reflect a professional or exemplary clinician when compared with peers. • Maintains high level of professionalism. • Clinical productivity meets the expectations of the Vice Dean of the Clinical Sciences, with benchmarks defined at the time of appointment in the respective position. • Clinical outcome measurements are above average compared to a local or regional peer group, with clinical outcome measures to be predetermined at the time of appointment. 	<ul style="list-style-type: none"> • Uncompensated community service. • Membership on hospitals or Health Councils.
Associate Professor to Professor	<ul style="list-style-type: none"> • Instructs trainees in classroom, laboratory, patient care or other environments. • Presents teaching rounds or patient conferences (once a year). • Participates in school development to improve his/her own teaching skills. 	<ul style="list-style-type: none"> • Attendance at one national professional society meeting per year. • Oversee (as a mentor) medical students and/or residents and/or fellows in research projects that may include chart review projects or case presentations. • Poster presented by mentee at local or regional conferences/symposiums. 	<ul style="list-style-type: none"> • Demonstrates excellent clinical leadership. <p>Examples include:</p> <ul style="list-style-type: none"> • Established consultant or attracts patients at a regional, national or international level. • Develops and/or directs a clinical program. • Devises a clinical quality improvement protocol. • Devises a new method or procedure which receives national recognition. • Develops and directs health-related public service programs. • Patient satisfaction rated as "outstanding" or "top docile" (depending on the scale of measurement) with patient satisfaction benchmarks predetermined at the time of appointment. • Peer ratings reflect an outstanding clinician (exemplary level evaluations). • Outstanding professionalism evaluations from nursing and clinical staff. • Clinical outcome measurements are outstanding compared to local or regional peer group, with outcome measures predetermined at the time of appointment. • Clinical productivity exceeds chair's expectations, with productivity benchmark determined at the time of appointment. 	<p>Three of six activities required</p> <ul style="list-style-type: none"> • Member of the School Council. • Membership on Councils or State Boards, regional or national medical organizations. • Participation in multi-center clinical trials or participate in demonstration projects/ programs. • Organizing local or regional scholarly/research symposiums. • Uncompensated membership on Hospitals or Health Councils. • Community service comprised of service on a board or steering Council of an organization

Criteria for Tenure Track for Clinical Sciences

Promotion criteria for the Clinical Science direction are as follows:

Position	Teaching	Research/Scholarly Activity	Patient Care	Service	Recommendation Letters
To Assistant Professor	<ul style="list-style-type: none"> Receives consistent "excellent" teaching evaluations and/or teaching awards. Develops or facilitates improvements in teaching techniques or methods of evaluation. Participates in the design, organization, coordination and evaluation of a course or series of lectures. Participates in educational planning at the Medical School or Curriculum Committee. Develops or substantially improves teaching resources, such as syllabi, manuals, testing procedures, preparation and evaluation of standardized patients and similar resources. Develops and/or presents effective continuing education or other professional programs/meetings, including presentations. Publication of papers and/or presentations at professional meetings on topics related to education. 	<ul style="list-style-type: none"> At least two peer-reviewed publications averaged per year while being a school member. Application as the principal investigator (PI) or co-PI for extramural research/ educational grants or contracts. Presentation of laboratory or educational research as primary or co-author at one or more national conferences/symposiums. 		<ul style="list-style-type: none"> Financially uncompensated community service. Member on hospital and/or Health Councils. 	<ul style="list-style-type: none"> Two recommendation letters from peers within the School. Two recommendation letter from extramural peers.
Assistant Professor to Associate Professor	<ul style="list-style-type: none"> Instructs trainees in classroom, laboratory, or other environments. Presents lectures (average of six lecture hours to medical students). Participates in school development to improve his/her own teaching skills. 	<ul style="list-style-type: none"> At least two peer-reviewed publications on an average per year while working as a school member. Application as the PI or co-PI for extramural research/ educational grants or contracts. Presentation of laboratory or educational research as primary or co-author at one or more national meetings. 		<p>Three of six activities required</p> <ul style="list-style-type: none"> Member of School Council. Membership on Council or State Boards, regional or national medical organizations. Participation in multi-center clinical trials or participate in demonstration projects/programs such as obesity initiative or abuse prevention program or prehospital training. Organizing local or regional scholarly/research symposiums. Uncompensated membership on hospital or Health Councils. Community service comprised of service on a board or steering Council of an organization. 	<ul style="list-style-type: none"> Two recommendation letters from peers within the School. One recommendation letter from extramural peers.
Associate Professor to Professor	<ul style="list-style-type: none"> Develops a course, curricular component, education software or provides an invited evaluation of materials which are used regionally or nationally. Organizes and participates in a session at a regional or national medical education meeting. Administrative responsibility at the Medical School for curriculum development. Sustained and exemplary performance as a course director or Curriculum Committee member. Consistent "excellent" teaching evaluations/teaching of major portions of course. Obtain extramural funding for novel curriculum development or research on more effective teaching modalities. 	<ul style="list-style-type: none"> At least two peer-reviewed publications averaged per year while being a school member. Application as the principal investigator (PI) or co-PI for extramural research/ education grants or contracts. Presentation of laboratory or educational research as primary or co-author at one or more national conferences/symposiums. 		<ul style="list-style-type: none"> Financially uncompensated community service. Membership on hospital and/or Health Councils. 	<ul style="list-style-type: none"> One recommendation letter from peers within the School. Two recommendation letters from extramural peers.

Criteria for Promotion for Research Direction

Promotion criteria for the Research direction are as follows:

Position	Teaching	Research/Scholarly Activity	Patient Care	Service	Recommendation Letters
To Assistant Professor	<p>Two of the following</p> <ul style="list-style-type: none"> Evidence of participation in professional development workshops for teaching skills. Participates in training of graduate students by service on thesis. Participates as a small group facilitator and/or composes a clinical sciences/basic sciences case study. 	<ul style="list-style-type: none"> Three peer-reviewed publications while being a school member. One of the three must have impact factor of 3.0 or higher. Award of at least one extramural, peer-reviewed grant as PI or, if a vital member of a research team as defined above, as co-PI. Presentation of research results, on average, at one national conference/symposium per year. 		<ul style="list-style-type: none"> Being a member of the School Council. 	<ul style="list-style-type: none"> One recommendation letter from peers within the School. One recommendation letter from peers outside of the School.
Assistant Professor to Associate Professor	<ul style="list-style-type: none"> Presents an average of six lecture hours to medical students. Evidence of participation in professional development workshops for teaching skills. Participates in training of students by service on thesis Councils and/or involvement in professional development workshops. Participates as a small group facilitator and/or composes a clinical/basic case/problem. 	<ul style="list-style-type: none"> Six peer-reviewed publications while being a school member. <ul style="list-style-type: none"> Three out of the six must have impact factor of 3.0 or higher. Three out of the six must have significant contribution as being the first or the last author, except in cases where the employment contract/research states that contribution will be in a support role into research as a vital member of the team. It can also include the work which is about to be published. Award of at least one extramural, peer-reviewed grant as principal investigator (PI) or being a vital member of the research team with vital contribution into research as the co-PI. Presentation of research results, on average, at one national conference/symposium per year. Additionally, one of two activities required Ad hoc review of an average of one manuscript per year for national/international journals while working as a school member. Service as an ad hoc member of a grant review panel for a federal agency or national foundation. 		<ul style="list-style-type: none"> Working at the School Council 	<ul style="list-style-type: none"> One recommendation letter from peers within the School. Two recommendation letters from peers outside of the School.
Associate Professor to Professor	<p>Three of six activities required</p> <ul style="list-style-type: none"> Develops or facilitates improvements in teaching techniques or methods of evaluation. Responsible for the design, organization, coordination of a course (course director). Participation in education planning through service in the Curriculum Committee. Publication of peer-reviewed papers and/or presentations at professional meetings related to education. Receives consistent "excellent" teaching evaluations and/or teaching awards. Develops and participates in the teaching of major portions of the medical course. 	<ul style="list-style-type: none"> Continued production of an average of two peer-reviewed publications per year while being a school member. Award of at least two additional extramural, peer-reviewed grants as a PI or, if a vital member of a research team, as co-PI. Publication of a review article, or book chapter in the field of research expertise. Service as a regular member of an external council/sub-council. Presentation, as an invited speaker, at another institution or International Society Meeting 		<p>Three of four activities required</p> <ul style="list-style-type: none"> Member of the School Council. Member of external advisory board/Council. Performs administrative duties at the School of the university. Provide examples of community service such as science fair judge, talks to civic organizations, outreach education. 	<ul style="list-style-type: none"> Three recommendation letters from peers outside the School

Eligibility for Application for Promotion

Candidates for promotion should be part of the School of Medicine for a minimum of two years before they are eligible to apply for promotion.

It is expected, but not required, that the candidate will spend a minimum of four years at the current rank before he/she applies for promotion to a higher rank.

New school receive from the Chair of the PTC, or his/her designee, the policies and procedures for obtaining proportion together with the expectations and achievements of the new position. The Chair, or his/her designee, and the school member will sign a form stating the onboarding meeting was held and the current P&T policies and procedures were received by the school member.

Application Process for Promotion

School members interested in promotion, start by applying for a promotion till the end of every calendar year, compiling an application and a dossier that documents their achievements in teaching, research, and service. The dossier shall include Self-Assessment Form (SAF as listed in Annex 1), three letters of recommendation, their Curriculum Vitae, and any supporting materials such as teaching evaluations, research publications, grants secured, service activities, and other information relevant to promotion.

The candidate's dossier is reviewed by the respective Vice Dean (Basic Sciences or Clinical Sciences), really depending on the department that the candidate is working to. The Vice-Dean will add his/her comments to the form and complete the overall assessment section. The Vice Dean will confer with the school member and discuss the evaluation before 1st of February.

Lack of the SAF for each year that school has an appointment in the School of Medicine will prevent him/her from being considered for promotion, unless there is a letter supplied by the Dean of the School outlining an extraordinary circumstance that prevented this requirement from being met.

Copies of the completed SAFs will be maintained by the school member, his/her department Vice-Dean and the Dean or Dean's designee.

The dossier will be sent to the PTC members by email informing them about the request for promotion from the candidate. The chair of the PTC is responsible for ensuring that all the submitted documentation is available for review and evaluation by all members of the Committee.

A three-member subcommittee of the PTC, consisted of members from the school of Medicine, holding the rank of Associate professor, or higher, appointed by the chair, will read in depth the application of the candidate for promotion and present the candidate and his/her recommendations to the PTC.

Following the presentation, the PTC will vote to reach its final recommendation. Decision is made by majority vote of the members that are present. The ballot results will be placed in a sealed envelope which shall be forwarded to the Chair of the PTC and remain unopened unless an appeal occurs. Written comments made by individual members of the PTC during balloting will be sealed in separate envelopes to be kept by the Chair. In cases where promotion is awarded, the written comments will be destroyed after the effective date of the appointment. In cases of negative decisions, the comments will be held indefinitely. All recommendations and the Chair's written summary statements are forwarded to the President's designee. If the PTC declines the candidate's application, the Chair will inform the candidate in writing of the decision to deny his/her promotion. If the PTC accepts the candidate's application, then they will along with the Provost recommend him/her for the promotion. The nomination is always provided by the President and ratified by the Board of Trustees.



Timetable for Promotion and Tenure

Timetable for Promotion and Tenure Procedures are as follows:

a). July 31st

The Board of Trustees establishes the number of positions for promotions and tenure based on the summary of recommendations from the President and the PTC.

b). December 20th

Submission of SAFs to the Vice Deans.

c). February 1st

Respective Vice Dean reviews the promotion or tenure track application and forwards it along with his/her comments to the PTC.

d). June 1st

Recommendation provided on promotion or tenure track by the PTC.

e). September 1st

Tenure track or Promotions are approved by President and ratified by the Board of Trustees.

Failure to comply with the deadlines for submission of the required documentation shall result in either deferral or failure of the promotion or tenure track application. If a candidate applies for both promotion and tenure on the same schedule, the final tenure track decision will be made before the final promotion decision; failure to be granted tenure will result in a negative promotion decision.

Code of Conduct

The main objective of the Code of Conduct (“Code”) is to educate, direct, and improve the behavior of all members within the University. It outlines how they should interact with each other and with individuals external to the University, regardless of the context, be it in educational settings like classrooms or work-related environments such as clinics, operating theatres, rotations, clinical practicals, fieldwork, research laboratories, conferences, and other similar venues. The policy covers all modes of communication, including both verbal and written forms, encompassing emails, phone calls, and social media platforms.

Additionally, the Code has another purpose, which is to serve as a framework that highlights and raises awareness about other applicable policies for all members of the University. In this way, it acts as a valuable reference tool, helping them understand and uphold their rights and responsibilities, as well as providing guidance on how to address any concerns related to these rights and responsibilities.

The Code is applicable to various categories of individuals within University. These individuals include:

a) Those who hold University appointments, whether or not they also have appointments in affiliated teaching hospitals or health care centers (referred to as academic staff).

b). Teachers or supervisors of students within a course or program, regardless of whether this teaching or supervision takes place within the University or in other organizations or settings, including affiliated teaching hospitals. This may involve academic staff members, but it could also include contract teachers who are engaged to teach in specific courses without being appointed as academic school within University.



c). Students who are registered in any degree, program, postdoctoral fellowship, or courses offered by University. This applies whether the instruction is provided on-campus or off-campus at an affiliated teaching site. It also includes students attending the University temporarily as part of an elective or other program. The Code extends to applicants to the School's education programs as well.

d). Administrative and/or support staff who are employed by the University, regardless of whether their role is within the University or in other organizations or settings, including affiliated teaching hospitals (referred to as non-academic staff).

Regarding this Code, the New Anglia University is dedicated to offering a welcoming and collaborative atmosphere that fosters optimal education, clinical care, and research. Additionally, the University is fully committed to upholding the utmost ethical and professional standards. A primary focus is on promoting and sustaining exemplary behavior among all its members to create a healthy and secure learning environment and to better serve society. The University places great importance on values such as integrity, honesty, fairness, and respect for the rights of others, aiming to integrate these principles into all aspects of its teaching, research, clinical, and other endeavors.

Professional conduct encompasses a range of attitudes, behaviors, and traits considered desirable in all members of the School, which ultimately shape the identity of the School and its interactions with both its members and society at large. Professional standards, in turn, function as guiding principles for this conduct.

Standards

Standards expected of all members of the University:

- a). All members of the University, including students, teachers, academic, and non-academic staff, are required to be acquainted with and adhere to the University's policies concerning conduct.
- b). Students, teachers, academic, and non-academic staff are expected to uphold the standards of professional conduct at all times. This expectation particularly applies when engaging in academic, research, clinical activities (including interactions with patients), or participating in extra-curricular sports and social events under the University's auspices, or when representing the University or its interests. The use of social media is also subject to these standards. For specific guidelines on professional conduct.
- c). In clinical settings, where students, teachers, academic, and non-academic staff carry out work or training activities, they are also required to adhere to relevant policies and procedures governing conduct within those specific clinical settings.

In cases where there is reasonable cause to believe that a member of the University poses an immediate threat to the physical or psychological safety of another person, the relevant academic or non-academic authority figure may implement temporary measures as necessary during the investigation process and, if required, during the referral to the Dean or the Dean's delegate for potential disciplinary actions. This implementation follows the guidelines outlined in the applicable University policy or relevant School process, such as the Reporting Mistreatment policy. Temporary measures could involve actions like revoking teaching privileges, including with residents or students, or both, or withdrawing administrative oversight privileges. Behaviors that could trigger these measures include incidents related to sexual assault, physical assault, verbal abuse threatening safety, repeated belittlement, humiliation, or making repeated inappropriate comments concerning race, religion, gender, or sexual orientation.



This Code stands as a fundamental document for the University, and any reported breaches of this Code or related policies are taken extremely seriously by the School and its leadership. The approach to address such allegations will vary based on the specific circumstances of the reported breach. The University provides multiple avenues for handling these complaints, as outlined below:

- a). If the potential breach occurred in a learning environment, involving a student in a health professions program either as the alleged victim or the alleged wrongdoer, the complaint should be filed with the Dean's Office.
- b). In the case of potential breaches involving a student and a member of the university staff, whether as the victim or the alleged wrongdoer, the complaint should be filed with the Dean's Office.
- c). For potential breaches involving a member of the university staff, whether as the victim or the alleged wrongdoer, the complaint should be filled to the Human Resource Office.

All members within the University must exhibit the prescribed behaviors and fulfill the expectations of professional conduct outlined below in all their interactions pertaining to the University.

Honesty

- a). All University members are obligated to maintain honesty and integrity in their daily work, whether involved in education, research, clinical care, or administration. This includes duly acknowledging the contributions of others.
- b). When providing care to patients and their families, all University members must uphold the highest standards of integrity and comply with the confidentiality and consent requirements set forth by relevant professional orders, as applicable.
- c). Additionally, all University members must ethically interact with industry and other organizations. This entails declaring and appropriately managing any real or perceived conflicts of interest. They are required to disclose any material conflict of interest, financial or otherwise, that may potentially influence their decision-making processes, such as manuscript or application reviews, product testing, or engaging in work sponsored by external sources. Such disclosure must be made to sponsors, universities, journals, or funding agencies.
- d). Trust is a fundamental aspect of the University's effective functioning. An assumption of personal integrity underlies all policies and procedures related to the University. Thus, all University members are expected to uphold their integrity, maintaining the trust and confidence vested in them, and promptly and transparently declare any instances of conflict of interest.

Respect of Others

- a). To promote a positive and supportive work and learning environment, it is the responsibility of all individuals to exhibit respect and appreciation towards their colleagues, students, patients, family members, and anyone they interact with in their capacity as a member of the University. In particular, all University members must refrain from discrimination based on factors such as age, race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical or mental disability, sex, sexual orientation, unrelated criminal convictions, or any other characteristic protected by human rights legislation.
- b). Each person is tasked with establishing and maintaining an environment that facilitates learning, discovery, and professional conduct. All University members are expected to demonstrate personal composure and consideration for others, serving as role models for appropriate language, appearance, and demeanor befitting academic or professional healthcare settings.



- c). All forms of communication, whether written or oral, including those on social media platforms, must be conducted in a respectful manner, adhering to the same level of professionalism as would be expected in face-to-face interactions.
- d). To maintain appropriate and respectful relationships with patients, students, teachers, academic, and non-academic staff, all School members must establish and uphold suitable personal boundaries. This includes refraining from making unwanted romantic or sexual advances, safeguarding personal information, and respecting individual workspaces, among other considerations.
- e). It is strictly prohibited for all University members to engage in sexual or romantic relationships with patients with whom they have a professional relationship. Additionally, any coercive or exploitative relationships with colleagues, students, patients, research participants, or their families, whether for emotional, financial, research, educational, or sexual purposes, are strictly forbidden.
- f). All University members are required to adhere to the University's Code of Conduct regarding Romantic and Sexual Relationships between Teaching Staff and Students.
- g). Those involved in clinical care must ensure that patients, families, and members of the healthcare and academic communities are treated with unwavering respect and dignity, both in their presence and during discussions with other healthcare or academic team members.

Feedback provided to healthcare or academic team members, whether oral or written, should be given promptly, constructively, and with respect.

Confidentiality

- a). All University members are required to uphold and protect the privacy and confidentiality of information concerning patients, as well as research and educational participants. This involves limiting discussions about patient health matters to appropriate clinical or educational settings and only sharing such information with family member caregivers identified through patient consent.
- b). It is essential for everyone to take necessary precautions to prevent privacy and confidentiality breaches when communicating, particularly when using the internet and social media. Adhering to data access and security regulations in both academic and clinical environments is mandatory. For instance, login codes should not be shared, and personal information, especially patient information, should not be transmitted via unsecured networks without the consent of all parties involved.
- c). All individuals must act in accordance with the obligations imposed by privacy legislation pertaining to the collection, storage, and disclosure of personal information, as well as the management and use of educational records, health records, research data, and personnel information. Particularly, accessing personal information stored in files or computers within the University or clinical settings must be done only with appropriate authorization. In research, data access must align with the requirements of governing research ethics policies, while in clinical duties, access must adhere to the rules of the healthcare institution and the expectations of professional orders. Notably, members are allowed to view information about patients only when they have a current health professional/patient relationship with them.

Responsibility

- a). All members of the University are responsible for their actions within the workplace, research, and learning environments. Their behaviors and actions are subject to the requirements of honesty, respect, and confidentiality outlined above, which will be used to evaluate compliance with this Code of Conduct.
- b). As responsible members of the community, individuals must recognize their per-



sonal limitations in situations that surpass their level of experience or competence. They should consult and refer to appropriate professional colleagues when necessary. Additionally, all should demonstrate self-awareness and accountability for their actions by accepting and appropriately responding to feedback regarding their performance.

- c). University members are expected to exhibit and model behavior consistent with this Code and, where applicable, with the deontological codes of conduct relevant to their professional and licensing bodies. To achieve this, members should commit to continuous professional development to maintain and enhance their competence.
- d). In the clinical context, all members of the University must follow the rules of the healthcare institution and their professional order regarding the disclosure of errors or misjudgments.
- e). In the research context, all members of the University must adhere to the highest standards of integrity and conduct their work using best practices.
- f). All members of the School are expected to promote fiscal responsibility and accountability in the course of their work or study.
- g). The use of alcohol, cannabis, or other drugs, including prescription drugs, by any member of the School must not interfere with their duties and responsibilities.
- h). University members must report professional misconduct to the appropriate authorities while being cautious not to unjustly discredit the reputation of members of the health care team or the academic community.
- i). Punctuality, attendance, and active participation in the workplace, academic classes, or clinical settings, including student placements, are expected from all members of the School. Students are required to meet deadlines for group or individual assignments and the submission of requested documentation and information in clinical or academic settings. Students must make timely and pre-approved alternative arrangements if they are unable to meet stated deadlines.
- j). In addition to the previously mentioned communication requirements, all members of the University must use social media responsibly. This includes refraining from posting confidential or inappropriate information or comments about colleagues, students, or patients.
- k). Personal or confidential information about members of the health care team, the academic community, or the administration must not be disclosed. Untruthful, hurtful, or disrespectful information must not be posted, and discretion should be exercised when posting personal information.
- l). Computers, cell phones, and similar devices provided in academic, or health care settings must be used in accordance with applicable policies, including those regarding personal use. The use of personal communication devices must not be disruptive or interfere with interactions with patients, families, health care providers, students, co-workers, administrative, or support staff.



Examples of inappropriate and appropriate behaviour

In addition to the previously mentioned professional conduct standards, the University provides a non-exhaustive list of behaviors that could be considered either “inappropriate” or “appropriate” for all its members. It is anticipated that exercising common sense, good judgment, thoughtful reflection, and drawing parallels to analogous situations will enable University members to identify other inappropriate behaviors. In situations of uncertainty, members are encouraged to seek guidance from their colleagues.

1. Inappropriate behaviours (examples):

- Using belittling or berating statements.
- Engaging in name-calling.
- Resorting to profanity or displaying disrespectful language.
- Writing disrespectful or personal comments in medical or other records.
- Employing intentionally condescending language.
- Making degrading or demeaning comments regarding patients and their families, hospital personnel, other health professionals, various health professions, and specialties, as well as the hospital.
- Using physically threatening language.
- Demonstrating physically threatening, intimidating, or disrespectful contact with another individual in given circumstances.
- Throwing instruments, charts, or other objects.
- Issuing threats of violence or retribution.
- Engaging in sexual harassment.
- Engaging in sexual impropriety with a patient/client or students.
- Displaying other forms of harassment, including persistent intimidating behavior and repeated threats of litigation.
- Committing any act that could be reasonably construed as mental or physical abuse.
- Deliberately failing to cooperate without valid justification.
- Demonstrating blatant failure to respond to patient care needs or staff requests.
- Deliberately refusing to return phone calls, pages, or other messages concerning patient care or safety.
- Being unavailable while on call or on duty.
- Misrepresenting or misleading anyone about their qualifications or role.
- Providing treatment without appropriate supervision or authorization.
- Misusing or misrepresenting an institutional or professional affiliation.
- Engaging in plagiarism or other forms of misappropriation of another’s intellectual property.
- Seeking personal remuneration or rewards from a patient or family beyond what is legally entitled.
- Stealing, misappropriating, or misusing drugs, equipment, or other property.



- Unlawfully breaching confidentiality, including accessing electronic records of patients/clients not under their care team.
- Being under the influence of alcohol or recreational drugs while participating in patient/client care, at work, or on call.
- Failing to respect patients'/clients' rights, privacy, or dignity.
- Falsifying records for any reason.
- Engaging in behavior that violates relevant and applicable Canadian or provincial laws.
- Displaying conduct unbecoming of a practicing professional in their respective profession.

This may include attention to personal appearance, conduct, composure, language, and interpersonal behaviors.

2. Appropriate Behaviours (examples):

- Providing constructive feedback in a reasonable manner, offered in good faith, with the intention of enhancing teaching, research, patient care and safety, or performance.
- Expressing concerns about a patient's care and safety.
- Encouraging clear communication.
- Expressing dissatisfaction with policies through appropriate channels or other means of communication.
- Utilizing a cooperative approach to problem resolution.
- Offering constructive criticism in a respectful and professional manner, devoid of blame or shame for adverse outcomes.
- Communicating comments to any professional, managerial, supervisory, or administrative staff, or a member of a governing board about the performance of others in a reasonable manner, with the aim of achieving improvement.

Anti-Discrimination

Any type of discrimination based on race, skin color, language, ethnic and social affiliation, nationality, origin, property or rank status, place of residence, age, gender, sexual orientation, disability, religious, public, political or other association, including professional affiliation, marital status, political or other opinion or on any other grounds prohibited in labor and pre-contractual relations, including during the publication of a vacancy announcement and the process followed during the selection phase.

Discrimination is determined as intentionally or negligently differentiating or excluding a person or giving them an advantage based on race, skin color, language, ethnic or social affiliation, nationality, origin, property or rank status, employment contract status, place of residence, age, gender, sexual orientation, disability, health condition, membership of a religious, public, political or other association (including a trade union), marital status, political or other opinion or on any other ground which aims or results in the denial of equal opportunity or treatment in employment and professional activity.

Discrimination is direct when a person is treated unequally compared to another person who is in the same or similar situation, was or could have been the object of a more favorable treatment due to any of the signs.

Indirect discrimination, when a neutral provision, criterion or practice puts a person at a disadvantage compared to another person due to any of the signs, unless such a provision, criterion or practice is objectively justified by a legal goal and the means used to achieve this goal is necessary and proportionate.

In the event that male and female employees perform equal work at the university, equal



remuneration is provided to them. Harassment in the workplace (including sexual harassment) is a form of discrimination; in particular, this unwanted behavior towards a person, which aims or causes to damage his/her dignity and create an intimidating, hostile, humiliating, degrading or insulting environment for him/her.

Sexual harassment is unwanted sexual behavior towards a person, which aims and/or causes harm to his dignity and creates an intimidating, hostile, humiliating, degrading or insulting environment for him/her.

The employment contract cannot be terminated, and no adverse actions or negative consequences can be imposed upon the employee for their complaint to the relevant disciplinary authority that aims to safeguard employees against discrimination.





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