FACULTY GUIDE OF THE
HACKENSACK MERIDIAN SCHOOL OF MEDICINE

Contents

PURPOSE .................................................................................................................................................. 2
SECTION 1: SCHOOL OF MEDICINE VISION AND MISSION STATEMENTS .................................................. 3
SECTION 2: PROFESSIONALISM STATEMENT ........................................................................................ 4
SECTION 3: DEFINITIONS ......................................................................................................................... 6
SECTION 4: HACKENSACK MERIDIAN SCHOOL OF MEDICINE FACULTY BYLAWS .................................. 9
SECTION 5: RIGHTS AND RESPONSIBILITIES OF FACULTY MEMBERS .................................................. 13
SECTION 6: PROCEDURE AND STANDARDS FOR FACULTY MEMBERS OF THE SCHOOL OF MEDICINE:
APPOINTMENT, APPOINTMENT RENEWAL, PROMOTION, ANNUAL REVIEW, AND TERMINATION OF
APPOINTMENTS ........................................................................................................................................ 16
SECTION 7: STANDARDS FOR ACADEMIC DEPARTMENT CHAIRS OF THE SCHOOL OF MEDICINE:
RESPONSIBILITIES, APPOINTMENT, REVIEW, RESIGNATION/REMOVAL, AND PROMOTION ............... 19
SECTION 8: FACULTY SCHOLARSHIP (INCLUDING RESEARCH) AND SPONSORED ACTIVITIES ............ 26
SECTION 9: LEAVES OF ABSENCE FOR FACULTY MEMBERS OF THE SCHOOL OF MEDICINE .............. 28
SECTION 10: FACULTY GUIDE APPROVAL, AMENDMENTS, AND SEVERABILITY .................................. 29
SECTION 11: GOVERNANCE OF THE SCHOOL OF MEDICINE ................................................................... 30

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PURPOSE

Welcome to the Hackensack Meridian School of Medicine (HMSOM). This Guide aims to orient you as a faculty member to the HMSOM and its policies. The Faculty Guide is not a comprehensive statement of all policies and procedures, nor does it preclude implementing changes in policies or procedures. All official policies for the HMSOM are published in PolicyStat and are considered the governing policies for the School. Changes to HMSOM policies, procedures, or requirements will be communicated in emails, on the HMSOM website, at Faculty Assembly Meetings, or in information memos. Please keep this Faculty Guide as a reference. It can also be found in the Office of Faculty and on the HMSOM website.

All provisions of this Faculty Guide apply to the HMSOM and the jurisdiction of this Faculty Guide extends to all educational programs of the HMSOM.

Please feel free to check with the Office of Faculty for any updates or changes in the Faculty Guide.
SECTION 1: SCHOOL OF MEDICINE VISION AND MISSION STATEMENTS

1.1 **Vision Statement**
Each person in New Jersey, and in the United States, regardless of race or socioeconomic status, will enjoy the highest levels of wellness in an economically and behaviorally sustainable fashion.

1.2 **Mission Statement**
To develop our students, residents, fellows, faculty, and healthcare environment to deliver the highest quality care for all.

- Embrace and model our professional reverence for the human condition, empathy toward suffering, research and discovery, excellence in medical care, and humility in service;
- Continue to serve and learn from the engagement of underrepresented minority populations among students, faculty, staff, and community;
- Integrate lifelong learning and inquiry into our students’ practice;
- Work in communion with scholars and practitioners of other disciplines to integrate their perspectives, experiences, and tools; and
- Understand that context, community, and behavior drive well-being.
SECTION 2: PROFESSIONALISM STATEMENT
The following statement on professionalism embodies the behaviors and attitudes expected for students to develop and demonstrate and for faculty to personify at all times.

The HMSOM Statement on Professionalism was adapted from the Charter on Medical Professionalism, a joint project of the American Board of Internal Medicine, American College of Physicians, American Society of Internal Medicine, and the European Federation of Internal Medicine. It was further informed by the HMSOM’s Competencies and Program Level Objectives.

HMSOM Statement on Professionalism
Medical professionalism forms the foundation of the relationship between the physician and society. Encompassed within this framework are the ethical and moral principles that guide physician interaction with patients, the medical profession, and the healthcare system. The principles of professionalism should pervade all of our activities in medicine, including patient care, education, administration, treatment, and scholarship.

Responsibility to Patient
Honesty: Physicians must ensure that patients are completely and honestly informed before the patient has consented to treatment and after treatment has occurred. While patients may not be involved in every minute decision about their medical care, they must be empowered to decide on the overall course of therapy. Physicians should also acknowledge that in healthcare, medical errors that injure patients do sometimes occur. Patients should be informed promptly if medical errors occur, and these errors should be reported and analyzed to provide the basis for appropriate prevention and improvement strategies.

Patient Confidentiality: Earning the trust and confidence of patients requires that appropriate confidentiality safeguards be applied to the disclosure of patient information. This commitment extends to discussions with persons acting on a patient’s behalf when obtaining the patient’s own consent is not feasible. Physicians recognize, however, that their commitment to patient confidentiality must occasionally yield to overriding considerations in the public interest.

Maintenance of appropriate patient-physician relationship: Given the inherent vulnerability of patients, certain relationships between physicians and patients must be avoided. In particular, physicians should never exploit patients for any sexual advantage, personal financial gain, or other private purpose.

Maintenance of trust: Trust is foundational to the patient-physician relationship and provides a platform on which appropriate and informed decisions can be made by the patient. This is especially crucial in consideration of the sometime vulnerable state of patients. The physician’s responsibility is to actively build and maintain this trust by demonstrating attention to all aspects of medical professionalism.

Advocacy and altruism: In their role as an advocate, the physician must consistently support the medical and social needs of the patient to the best of their ability. This advocacy must be carried out in an unselfish manner, and self-interest should not interfere with the care provided to a patient.

Humility: Physicians should be cognizant of the limits of their knowledge and abilities while consistently striving to improve. Humility helps the physician let go of certainty and empowers the patient with greater control in decision-making.

Sensitivity and responsiveness to diversity: Respect for others, regardless of their demography, abilities, or philosophy, is central to being a humanistic physician. The physician must be aware of the diversity of the patient population and be able to see beyond their own life to show empathy for all patients.
Responsibility to Profession

Maintenance of professional competence: Physicians must be committed to lifelong learning and be responsible for maintaining the medical knowledge, and clinical and team skills necessary for providing quality care.

Identifying and managing conflict of interest: Medical professionals have many opportunities to compromise their professional responsibilities by pursuing private gain or personal advantage. Physicians are obligated to recognize, disclose to the general public, and appropriately address conflicts of interest that arise in the course of their professional duties and activities.

Creation, use, and application of scientific knowledge: Much of medicine’s contract with society is based on the integrity and appropriate use of scientific knowledge and technology. Physicians have a duty to uphold scientific standards, promote research, create new knowledge, and ensure its appropriate use. The profession and its practitioners are responsible for the integrity of this knowledge, which is based on scientific evidence and physician experience.

Role-modeling: By virtue of their position, physicians act as role models to their colleagues, trainees, and patients. It is their responsibility to be mindful of this aspect of their practice, to reflect on the attitudes and behaviors they exhibit, and to facilitate discussion in an atmosphere of respect, which includes maintenance of personal well-being (mental, emotional, and physical) to serve others best.

Responsibility to System, Community, and Society

Improving access to care: Healthcare systems must provide a uniform and adequate standard of care. Physicians must individually and collectively strive to eliminate barriers to equitable healthcare. Physicians should work to eliminate barriers to healthcare access. Such barriers include but are not limited to access pertaining to education, laws, finances, geography, and social discrimination. A commitment to equity entails the promotion of public health and preventive medicine, as well as public advocacy on the part of each physician, without concern for the self-interest of the physician or the profession.

Improving quality of care: Physicians must be dedicated to continuous improvement in the quality of healthcare. This commitment entails not only maintaining clinical competence but also working collaboratively with other professionals to reduce medical error, increase patient safety, minimize overuse of healthcare resources, and optimize care outcomes. Physicians must actively participate in developing better measures of quality of care and applying quality measures to routinely assess the performance of all individuals, institutions, and systems responsible for healthcare delivery. Physicians, individually and through their professional associations, must take responsibility for assisting in creating and implementing mechanisms designed to encourage continuous improvement in the quality of care.

Just distribution of resources: While meeting the needs of individual patients, physicians are required to provide healthcare based on the wise and cost-effective management of limited clinical resources. Physicians should be committed to working with other physicians, healthcare systems, and payers to develop guidelines for cost-effective care.

Responsibility to Students

Model professional standards: Faculty are mentors to their students and must model the highest professional standards of duty, integrity, and respect in all their interactions with students, residents, patients, and colleagues.

Ensure excellence in the education program: As teachers, the faculty commit to developing and maintaining a state-of-the-art undergraduate medical education curriculum.

Enhance equity: Faculty strive to enhance equity in both medical education and the practice of medicine. They will not tolerate discrimination, mistreatment, or retaliation and will respond appropriately if encountered.
SECTION 3: DEFINITIONS

3.1. “Faculty” or “Faculty Member” denotes a person or persons who is/are employees of the HMSOM, Hackensack Meridian Health (HMH), or an affiliate of HMH, or are self-employed or employed in a private practice, having duties in the HMSOM, and an approved faculty appointment commensurate with their experience and credentials. Faculty in the HMSOM are not tenured; they have term appointments.

3.2. “Faculty Members” include those who dedicate significant efforts to support the academic mission of the HMSOM or HMH through scholarship, teaching, and service; this group may include those who are self-employed or employed in a private practice by an affiliate of HMH. The academic titles for Faculty members are Instructor, Assistant Professor, Associate Professor, or Full Professor of Department (e.g., Assistant Professor of Pediatrics). Only faculty members who hold the title of Instructor, Assistant Professor, Associate Professor, or Full Professor are voting members of the faculty assembly and can serve on committees. Faculty members may not hold a tenured position at another institution. Such individuals will be considered adjunct faculty members as described below. Faculty members may also include those who are self-employed, employed in private practice, or affiliated with HMH.

3.3. “Full-time faculty” are faculty members employed by HMH or engaged through a professional services agreement with the HMSOM or HMH and have their primary appointments within HMSOM academic departments. A majority of their effort supports the academic mission of HMSOM or HMH. This group also includes those who are self-employed or employed in private practice by an affiliate of HMH. All individuals with an academic title have scholarship (including research), teaching, clinical care, and/or administrative service/leadership as their primary commitment to the mission of the HMSOM. The academic titles for faculty members are Instructor, Assistant Professor, Associate Professor, or Full Professor of Department X (e.g. Assistant Professor of Pediatrics).

3.4. “Part-time faculty” include all of the following categories:

a. “Adjunct faculty members” (2-year term with no rank) – faculty with a primary appointment at another institution who will teach or host HMSOM students or do research at the HMSOM. Renewals require an up-to-date rationale for the appointment from the Academic Department Chair and are at the discretion of the HMSOM. Adjunct faculty are not eligible for promotion within the HMSOM and may not vote or serve on committees.

b. “Visiting faculty” (1-year term) – faculty visiting the HMSOM for teaching, learning, and/or scholarship for variable periods. The initial term is one year (or less) with an option to renew. Visiting faculty retain the rank of their primary or originating institution with the “Visiting” modifier, e.g. Visiting Instructor, Visiting Assistant Professor, Visiting Associate Professor, or Visiting Professor. Visiting faculty are not eligible for promotion at the HMSOM and may not vote or serve on committees.

c. “Preliminary Faculty Appointment” – Preliminary Appointment (1-year term). In exceptional circumstances, a HMSOM Academic Department Chair may request that a candidate be appointed urgently to meet specific educational needs at the HMSOM. The candidate’s CV and a letter from the HMSOM Academic Department Chair are the minimum requirements; the APC may review such applications with an incomplete number of LORs on file. The candidate must still pass a background check before receiving a Preliminary Appointment. The candidate must have a traditional application open at the time of their request for a Preliminary Appointment. “Preliminary” appointments don’t carry a rank. Such appointees have one year from the date of the initial appointment to complete their application and be appointed to the definitive rank and path for which they are qualified. Once a traditional appointment is approved, the Office of Faculty will issue an approval letter backdated to the date of the letter granting the Preliminary Appointment (so there will not be a gap in the candidate’s faculty appointment history). Faculty in preliminary status have no passive or active voting rights in the Faculty Assembly.
d. “Emeritus/a Faculty” (permanent) – individuals who have a history of contributions to the HMSOM and have retired from their professional activities at a senior academic rank and continue to contribute to the academic mission of the HMSOM. Emeritus/a faculty may not vote or serve on committees.

3.5. “School”, “School of Medicine”, or “HMSOM” refers to the Hackensack Meridian School of Medicine.

3.6. “Academic Calendar Days” - days of the academic year (Monday through Friday), excluding academic holidays.

3.7. “Academic Year” - July 1 to June 30.

3.8. “Accredited Institution” - an academic institution accorded that status by one or more accrediting agencies approved by the specific relevant professional organizations and agencies.

3.9. “Accredited Program” - an academic program within an accredited institution, accorded that status by an accrediting agency approved by the specific relevant professional organizations and agencies.

3.10. “Affiliate” or “Affiliated Institution” - a hospital, organization, or healthcare entity with a formal relationship or association with HMH.

3.11. “Appointment” - the written notification of a decision regarding initial faculty rank, promotion, or specific committee assignments, signed by both the Dean and Faculty Member, and articulating: (i) a rank, (ii) full- or part-time status, (iii) Primary (and, if appropriate, Secondary) department, and (iv) specified duration.

3.12. “BOG” - Board of Governors

3.13. “Cabinet” or “Cabinet Members” - includes the HMSOM Dean, Vice Deans, Senior Associate Deans, Associate Deans, and Assistant Deans.

3.14. “Calendar Days” - the seven days of the week.

3.15. “CEO” – Chief Executive Officer of HMSOM is the Dean.

3.16. “Conflicts of Interest” - any situation in which personal interests may compromise a faculty member's judgment and impartiality. It also includes a clash between a faculty member's personal interests and their professional obligations when they attempt to fulfill their duties while seeking personal gain. The understanding and application of this concept will be guided by widely accepted standards of similar institutions of higher learning, or as otherwise prohibited by HMH and/or HMSOM policy, including the HMSOM Conflict of Interest and Commitment Policy, HMH and Non-HMH Employees Conflict of Interest Policy, Gift Policy, Conflict of Interest and Research Policy.

3.17. “Deans” – includes anyone in that role, e.g. Assistant Dean, Associate Dean, Senior Associate Dean, or Vice Dean.

3.18. “Department” - an academic instructional unit composed of one or more faculty members, at the Dean’s sole discretion. It is headed by a “Chair” or “Chairperson” who is the functional head of the Department. Chairs may appoint one or more “Academic Vice Chairs” to assist the Chair in their duties. The position of Academic Chair and Academic Vice Chair are administrative positions representing the Departments of the HMSOM and are distinguished from administrative positions within HMH (e.g., “Clinical Chair”, “Section/Division Chief”, “Service Line Director”).


3.21. “HMHRI” - HMH Research Institute. The Hackensack Meridian Health Research Institute (HMHRI) provides comprehensive support for research investigators at the School of Medicine and across the health network. Their services include assistance with IRB, IACUC, study development, conflict of interest, investigator training, budgets, and other related pre- and post-grant award management.
3.22. “Notification” - a written communication that shall be effective if delivered personally to the faculty member either by certified mail to the Member’s residence or sent electronically by the suggested date with a “read and receipt” response.

3.23. “Office of Faculty” - encompasses the Office of Faculty Advancement and the Office of Faculty Development.

3.24. “Search Committee” - a committee appointed and convened to identify potential candidates for open positions and recommend one or more candidates to the Cabinet for further consideration.

3.25. “Senior Faculty” - defined as faculty holding Associate Professor and Professor ranks.
SECTION 4: HACKENSACK MERIDIAN SCHOOL OF MEDICINE BYLAWS FOR THE GOVERNANCE OF THE FACULTY ASSEMBLY OF THE SCHOOL OF MEDICINE (HMSOM FACULTY BYLAWS)

SECTION I: NAME
The name of the organization is “The Faculty Assembly” (hereinafter referred to as “Faculty Assembly”) of the Hackensack Meridian School of Medicine (hereinafter referred to as “School” or “HMSOM”). Members of the Faculty Assembly are hereinafter referred to as “the Membership” or “Members”.

SECTION II: PURPOSE
The purpose of the Faculty Assembly is to provide Membership input and voice, consistent with shared governance, regarding both academic and non-academic matters of relevance to the HMSOM.

SECTION III: MEMBERSHIP
Membership in the Faculty Assembly of the HMSOM shall consist of those holding appointments as defined in Section 3 of the Faculty Guide (which incorporates the Navigation Guide) in the ranks of Instructor, Assistant Professor, Associate Professor, and Full Professor as well as those who have been hired to serve in a faculty position that is eligible for ranking, but whose ranking has not yet been assigned. Instructors, Assistant Professors, Associate Professors, and Full Professors are voting members of the HMSOM Faculty Assembly. Part-time faculty may participate in Faculty Assembly meetings but may neither vote nor serve on committees. Members of the Faculty Assembly on leave may not participate in Faculty Assembly meetings, vote, or serve on committees.

SECTION IV: FACULTY OFFICERS
Article 1: A Chair and Vice-Chair of the Faculty Assembly shall be elected from the Faculty for a term of two years. The election should take place after the regularly scheduled Spring meeting of the Faculty Assembly. In the event of a change in officers due to the resignation or absence of an elected individual, the Nominations and Elections Committee will conduct an election within 30 days.

Article 2: The duties of the Chair of the Faculty Assembly shall be:
A. To prepare and distribute to the Membership the agenda for the meetings of the Faculty Assembly.
B. To preside over meetings of the Faculty Assembly.
C. To distribute provisional meeting minutes (i.e., minutes that have not been approved by the Membership organization) to the Faculty Assembly at least one week in advance of meetings and post them on the Faculty Assembly’s online page as “unapproved minutes.”
D. To distribute a copy of approved minutes to the Dean and post a copy on the Faculty Assembly online page within one week of the meeting.
E. To conduct such correspondence as may be necessary for transmitting any action taken by the Faculty Assembly or for informing the Faculty Assembly of any Faculty business.
F. To undertake other duties as specified by the Faculty Assembly.

Article 3: The duties of the Vice-Chair of the Faculty Assembly shall be:
A. To function as the recording secretary of the Faculty Assembly.
B. To keep a book/digital repository of the minutes of the proceedings of meetings; this shall include a record of those present.
C. To preside over Faculty Assembly meetings in the Chair’s absence.
D. To undertake other duties as specified by the Faculty Assembly or delegated by the Chair of the Faculty Assembly.

Article 4: The Immediate Past Chair of the Faculty Assembly shall serve as Chair of the Policy and Governance Committee.
SECTION V: MEETINGS

Article 1: All meetings of the Faculty Assembly will be conducted according to the most current edition of Robert’s Rules of Order Newly Revised (2020).

Article 2: A regular meeting of the Faculty Assembly will be held at least three times yearly, with the option to participate remotely by webinar. The exact dates and times shall be announced by the Chair of the Faculty Assembly at the beginning of the academic year. Additional sessions may be initiated on an as-needed basis.

Article 3: The Dean may call a special meeting of the Faculty Assembly, including in response to a written request of any member of the Faculty Assembly. Only the item or items of business for which the special meeting was called, as set forth in the formal notice and agenda sent to the Faculty Assembly, may be considered at the special meeting.

Article 4: Individuals holding Faculty, Adjunct, Visiting, Preliminary Faculty, or Emeritus appointments shall have the opportunity to be present at all regular and special meetings of the Faculty Assembly, may participate in the discussions, but they may not vote. Only Instructors, Assistant Professors, Associate Professors, and Full Professors may vote, serve on committees, or participate in elections. The Dean, Vice Dean, and Associate and Assistant Deans may attend and participate in meetings of the Faculty Assembly.

Article 5: Non-faculty members of the School of Medicine community and others may be invited by the Faculty Assembly to attend meetings and take part in the discussions, but they are not eligible to vote or to participate in elections. The Chair must be advised at least one week before the meeting when others (i.e., Non-faculty members) are invited.

Article 6: The Faculty Assembly reserves the right, by a two-thirds vote of the Membership, to close a meeting or portion thereof, limiting attendance to the Membership, as defined in Section III.

Article 7: Ten percent of the voting Faculty Assembly members shall constitute a quorum. The calculation of 10 percent includes those participating in the meeting via webinar or conference call and shall exclude members of the Faculty Assembly on leave in any given semester.

Article 8: The standard order of business at all meetings shall be:
A. Announcements by the Dean or the Dean’s designee
B. Review of Agenda
C. Approval of Minutes
D. Reports of Officers and Standing Committees
E. Special Committee Reports
F. Special Orders
G. Unfinished Business and General Orders
H. New business

Article 9: Voting
A. Unless otherwise specified in the Bylaws, all decisions concerning Faculty Assembly motions will be decided according to the vote required by Robert’s Rules of Order Newly Revised (2020).
B. No proxies of any kind will be allowed.
C. Votes on Motions. When a Faculty Assembly vote is to occur, only voting members who are participating in that meeting are eligible to vote provided a quorum is present. When an order of business that requires a vote is before the Assembly and a quorum is not present, the motion may then be communicated to the Faculty Assembly for electronic voting after the meeting. A minimum of 10% of voting faculty must vote.
D. Votes on Elections. The Nominations and Elections Committee shall publicize the date, method of voting, and eligibility requirements of elections, organize the voting, and announce the outcome via any one or more of the Faculty Assembly’s online page, email, or postal mail.
E. **Electronic voting mechanism.** Confidential voting shall be effected via a secure online collaboration tool. Notice of electronic voting will be sent via email. Faculty must authenticate their identity to access the collaboration tool, but their vote will remain confidential. Votes can be allowed once or multiple times depending on the needs of the Faculty Assembly.

**SECTION VI: ESTABLISHMENT OF OFFICERS AND AGENCIES**

The Faculty Assembly is free to create such officers and agencies (e.g., committees, task forces) as it deems appropriate to promote the interests of the Faculty, provided that the role of these officers and agents do not conflict or overlap with existing roles or standing committees of the HMSOM. The officers and agents shall be selected and function in accordance with the Faculty Bylaws, and must, in all announcements and publicity, be clearly identified as officers and/or agents of the Faculty Assembly.

**SECTION VII: ELECTIONS**

**Article 1: Nominations**

When Faculty Assembly elections are required, the Nominations and Elections Committee shall be directed by the Chair of the Faculty Assembly to conduct an election, beginning with a call for nominations that specifies the position(s) to be elected.

**Article 2: Elections**

A. Elections shall be by an anonymous vote, utilizing the Electronic voting mechanism described in Section V Article(9)E.
B. The ballot will be prepared by the Chair of the Nominations and Elections Committee and distributed to all members of the Faculty via email.
C. The outcome of all elections will be determined by a majority count of those submitting votes.
D. A re-vote shall decide all ties.

**Article 3: Election for Vacant Positions**

A. All elected officers/representatives shall serve their full office term unless they cease to be a member of the Faculty Assembly, they are excused by the Faculty Assembly at the personal request of the individual officer/representative, or they are removed from office by a two-thirds vote at any official regular or special meeting of the Faculty Assembly.
B. Should an officer/position become vacant during its term, the Faculty Assembly will elect an acting officer/representative by majority vote at its next regular meeting. At the same meeting, the Nominations and Elections Committee will be directed to initiate an election for the position.

**SECTION VIII: DEAN’S ROLE AND AUTHORITY**

**ROLE AND RESPONSIBILITY OF THE DEAN OF THE HMSOM**

As per Section 6.5(a) of the AMENDED AND RESTATED BYLAWS OF HACKENSACK MERIDIAN SCHOOL OF MEDICINE, A NEW JERSEY NONPROFIT CORPORATION (Amended and Restated effective as of January 25, 2024) (the “HMSOM Bylaws”). The chief executive officer of HMSOM shall be the Dean. At the discretion of the CEO of HMH, the Dean may also hold the position and title of President of HMSOM. The position and title of President shall not confer on the Dean any authority, responsibilities, or privileges not otherwise set forth herein or granted by the CEO of HMH (and in all events subject to compliance with HMSOM’s conflict of interest policy). Section 6.5(e) of the HMSOM Bylaw sets forth the responsibilities of the Dean.

The responsibilities of the Dean include:

A. The Dean shall create annual operating and capital budgets for HMSOM and the M.D. Program pursuant to the M.D. Program Requirements and propose those budgets to the Board of Governors, which shall consider the Dean’s recommendation, and if appropriate, approve and adopt such budgets by a majority vote, pursuant to Section 4.1(b)(xi) of the Amended and Restated Bylaws of HMSOM. In creating these annual budgets, the Dean shall make recommendations as to class size, tuition, and appropriate annual growth, and shall ensure that the medical students and faculty have access to appropriate resources for medical student education.
B. The Dean will report on and be accountable for all academic matters related to the M.D. Program to the HMSOM BOG and the HMH CEO. The Dean shall also serve in the HMH leadership position of President, Academic Affairs, with reporting relationships in such a role to HMH leadership and management. Subject to the reserved powers of the Members, the Dean shall be responsible for the day-to-day operations of medical education (including clinical education), scholarly activity, and service to the M.D. Program and HMSOM. Without limiting the foregoing, the Dean shall be responsible for:

i. the Vision, Mission, and Strategies of HMSOM and the M.D. Program;
ii. academic standards and appropriate learning environment, including the responsibilities and privileges of the HMSOM’s and the M.D. Program’s administrative officers, faculty, medical students, and committees;
iii. proper operations of the Office of Admissions consistent with the Vision and Mission of HMSOM and the M.D. Program, LCME accreditation standards, and state and federal law, provided, however, that the Dean shall have no input into or oversight of individual admissions decisions;
iv. curriculum development of the M.D. Program;
v. an appropriate balance between teaching, clinical, and research activities of students and faculty and at levels necessary to attain the HMSOM’s and the M.D. Program’s academic and reputational objectives;
vi. subject to approval by the Member and the BOG, a faculty effort and compensation model is developed that appropriately values academic contributions, encourages sponsored research, and fosters HMSOM and the M.D. Program recruitment objectives as well as recognizing clinical performance, and is supported by appropriate teaching and research funding within the Hackensack Meridian University Medical Center (HUMC) Faculty Practice;
vii. appointment, promotion, renewal, and removal of School of Medicine faculty, subject to applicable faculty governance documents; and
viii. other responsibilities as currently or in the future may be required by Regulatory Bodies or the BOG.

The Dean has the authority to identify and assemble a Dean’s Cabinet to serve as an advisory group, and to whom he or she may delegate specific responsibilities to the members.

SECTION IX: APPROVAL AND AMENDMENTS

Article 1: Amendments to the Faculty Bylaws
A proposed amendment to the Faculty Bylaws may only be raised by the Dean or a HMSOM faculty member. For a proposed amendment to become an official part of the Faculty Bylaws, it must be approved by the Dean. For this to occur, a minimum of 10 percent (10%) of the eligible voting members of the HMSOM Faculty Assembly constitutes a quorum. For example, if there are 1500 faculty members with voting privileges, then 150 faculty members will need to cast votes to achieve a quorum. The proposed amendment must be reviewed and recommended for approval by a super majority vote of two-thirds of the total voting members of the HMSOM Faculty Assembly.

Article 2: Approval of the Faculty Bylaws
First the Faculty Assembly will have the right to review the HMSOM Faculty Bylaws during an open review period of at least two weeks and to provide suggestions for revisions to the HMSOM Office of Faculty Advancement and vote to recommend approval. If recommended for approval by the Faculty Assembly, the amendment will be memorialized in writing before it can be moved to the Dean for final consideration. Final approval of the HMSOM Faculty Bylaws and/or amendments must be obtained from the Dean.
SECTION 5: RIGHTS AND RESPONSIBILITIES OF FACULTY MEMBERS

5.1 ACADEMIC FREEDOM

a. All members of the Faculty in the HMSOM are entitled to academic freedom as set forth in the 1940 “Statement of Principles on Academic Freedom and Tenure with the 1970 Interpretative Comments” formulated by the Association of American Colleges and the American Association of University Professors (a copy of this document is available in the Office of the Dean and at https://www.aaup.org/file/1940%20Statement.pdf).

b. Academic freedom is essential to the purposes of the HMSOM and applies to both teaching and scholarship and service (including research). Freedom in scholarship (including research) is fundamental to advancing knowledge. Academic freedom in teaching is fundamental for the protection of the rights of the teacher and of the student.

c. Faculty members are entitled to academic freedom in discussing their academic subjects.

d. When faculty members speak or write they are free from HMSOM censorship, but their special position in the community imposes special obligations. As scholars and members of the HMSOM, they should remember that the public may judge their profession, the HMSOM, and HMH by their remarks. Therefore, they should always endeavor to be accurate and to exercise appropriate restraint, and to show respect for the opinions of others. While properly identifying themselves to outside audiences, they should not purport to function as institutional spokespersons unless specifically commissioned by the Dean, or his or her designee, to serve in such a capacity.

e. Faculty members’ primary responsibility to their subject matter is to seek and to state the truth as they understand it based on their study and experience. They are expected to devote their energy to developing and improving their scholarly competence. They must exercise critical self-discipline and judgment in using, extending, and transmitting knowledge. Faculty members must practice intellectual honesty.

f. As teachers, faculty members encourage the free pursuit of learning in their students and protect student academic freedom. They foster honest academic conduct and, on their part, provide equitable evaluations of student performance. They respect the confidential nature of the relationship between faculty members and students. They acknowledge significant assistance from students and avoid any exploitation of students for their own private advantage. Consistent with the Student Assessment Recusal Policy, faculty members who have a pre-existing patient-provider relationship with a student or agree to establish a non-emergent patient-provider relationship, must recuse themselves from being involved in that student’s assessment or academic promotion.

g. If a faculty member alleges that violation of academic freedom significantly contributed to a decision adverse to him/her, he/she should employ the grievance procedures specified in the General Grievance Policy, HMSOM.ADM.206.
5.2 GENERAL FACULTY RESPONSIBILITIES

a. In addition to teaching, scholarship (including research), and service, the primary professional responsibility of each member of the faculty is to the HMSOM, to HMH, and the profession. Because faculty members should display a high degree of professionalism, they shall:

i. keep informed of current developments in pedagogy and in their fields of specialization; aspire to excellence in teaching, promote the learning process, and stimulate the intellectual development of their students;

ii. accept a reasonable number of assigned or elected committee responsibilities and conscientiously serve on those committees of which they are members;

iii. serve as a resource to the HMSOM, HMH, or departmental student organizations, when this is consistent with other obligations;

iv. recognize their obligations to the HMSOM, HMSOM graduates, and their families, and to HMH by attending annual academic and hospital events;

v. adhere to reasonable deadlines and schedules established for the timely reporting of grades and for other matters related to student registration and record keeping; and

vi. assume a reasonable share of responsibility in student academic advisement, the student academic review process, and in curriculum review and development.

vii. acknowledge affiliation with the author's academic departments at HMSOM in publications and presentations.

viii. acknowledge that, while it is customary for applicants to give summaries of their academic and clinical achievements to reference letter writers, recommendations that accurately reflect each writer's authentic and unique evaluation of the candidate and experience working with them are essential to the ethics of academic promotions and their process.

5.3 SCHOOL OF MEDICINE FACULTY MEMBER DUTIES

a. School of Medicine Faculty Expectations

i. Faculty members in the HMSOM will have widely varying roles and responsibilities. As such, specific expectations and limits related to didactic teaching, clinical productivity and supervision, clinical research targets, and scholarly productivity, as well as administrative assignments, should be developed for each faculty member in conjunction with the departmental HMSOM Chair, and in concordance with the needs of the department and the HMSOM, as included in their job descriptions.

ii. Workload assignments and other duties shall be assigned in an equitable fashion.

iii. If a faculty member believes that assignments or expectations are excessive, they shall resolve the concern with the Academic Department Chair. They may request a meeting with the Dean if a solution cannot be achieved.

iv. Faculty members are expected to advise students. Advising includes activities such as mentoring, remediation, and professional development.

b. Professional activities and professional services

The HMSOM and HMH encourage faculty participation in other unpaid professional activities that add to the faculty member’s knowledge, qualifications, and reputation, and to the reputation of the HMSOM, so long as these activities do not interfere with their primary responsibility to the HMSOM or HMH. The faculty member shall cooperate with the HMSOM and HMH in striving to inform the HMSOM and HMH community, and the outside community of such achievements.
5.4 OUTSIDE FACULTY EMPLOYMENT

Non-clinical HMSOM faculty members hired directly by the HMSOM may pursue outside employment as related to their profession but must advise their Academic Department Chair in writing of the faculty member’s roles and responsibilities in advance of accepting such employment. Before accepting outside employment, the faculty member must update his or her HMSOM and HMH annual Conflict of Interest forms, as applicable to the terms of their employment. External faculty employment should not coincide with regular work hours at the HMSOM or require more than 20 percent of full-time employment during the course of a year in total.
SECTION 6: PROCEDURE AND STANDARDS FOR FACULTY MEMBERS OF THE SCHOOL OF MEDICINE: APPOINTMENT, APPOINTMENT RENEWAL, PROMOTION, ANNUAL REVIEW, AND TERMINATION OF APPOINTMENT

6.1-6.9 NAVIGATING FACULTY APPOINTMENTS AND PROMOTIONS AT THE SCHOOL OF MEDICINE (hereinafter referred to as the “Navigation Guide”).

[click here to be linked to the Navigation Guide] replaces and supersedes Sections 2.1 – 2.9 GENERAL CONDITIONS AND ELIGIBILITY TO BE A FACULTY MEMBER OF THE SCHOOL OF MEDICINE of the Faculty Guide of the Hackensack Meridian School of Medicine (hereinafter referred to as the “Faculty Guide”).

To the extent there are any conflicts and/or inconsistencies regarding faculty appointments and promotions between other sections of the Faculty Guide and the Navigation Guide, the Navigation Guide shall control.

To contact the Office of Faculty Advancement, please email SOMAPC@HMHN.org or SOMAPC@HMSOM.edu or call (862) 660-5000.

6.10. ANNUAL EVALUATION OF FACULTY

It is the responsibility of HMSOM (Department) Chairs or their designees to provide annual evaluations of all faculty members appointed within their Departments, being notified no fewer than 30 days. Written notification shall be provided by the Academic Department Chair to each faculty member, i.e., Instructor, Assistant Professor, Associate Professor, or Full Professor.

The materials to be provided for the annual evaluation shall include an annually updated Annual Evaluation Form developed by the Office of Faculty Advancement (and approved by the Dean) and associated documentation of achievements, an updated CV, and a copy of the physician’s current license (if relevant).

a. The Academic Department Chair shall assess the materials submitted by each faculty member and shall write his or her annual evaluation. If an Academic Department Chair does not have routine contact or knowledge of the performance of a faculty member, the Academic Department Chair may elect to solicit feedback from the Clinical Chair at the hospital wherein this faculty member is based, or one of their Academic Vice Chairs or other individuals in a supervisory role who has knowledge of the individual faculty member’s performance.

b. The Academic Department Chair shall meet annually with each faculty member in their department by July 31 to review the evaluation and to discuss the goals of each faculty member for the upcoming year.

c. The Academic Department Chair and the faculty member shall each sign the Annual Evaluation Form to acknowledge that it was read and discussed.

d. In the case of joint faculty appointments, the Academic Department Chair representing the faculty member’s Primary departmental appointment may elect to solicit feedback from the Chair representing the faculty member’s secondary departmental appointment. If there is a disagreement between the evaluations of the Primary and secondary Academic Department Chairs, the opinion of the Primary departmental chair will prevail.

6.11 RESIGNATION BY FACULTY MEMBERS

a. Notice of resignation by faculty members must be given in writing to the Dean of the HMSOM before the next teaching assignment and at the earliest opportunity, but no later than 90 days before the effective date of resignation.

b. Under extreme circumstances, the faculty member may request a waiver of this requirement of notice or may request to leave before the end of the academic phase or term in which they have a primary teaching responsibility. Notification of resignation or of a waiver request shall be submitted in writing by the faculty member to the Dean of HMSOM.
6.12 TERMINATION OF A FACULTY APPOINTMENT FOR CAUSE

a. Termination of an appointment before its specified end date shall be effected by the HMSOM only for adequate cause as specified in this Section. Termination of Appointment may be initiated by the HMSOM Chair or the Dean of the HMSOM. The final decision for termination requires agreement between both the Academic Department Chair and the Dean.

b. Adequate cause for Termination of Appointment shall be related directly and substantially to the fitness of the faculty member in his or her professional capacity. The burden of proof that adequate cause exists rests with the HMSOM. Such a termination of appointment shall not be used to restrain a faculty member in the exercise of academic freedom or exercise of other rights normally granted to American citizens.

c. Adequate cause may exist only for one or more of the following reasons:
   i. Continued neglect of scheduled duties despite being notified of same in writing previously; Serious violation of the rights and freedoms of fellow faculty members, cabinet members, or students including, but not limited to, violations of Title VII and/or Title IX or equivalent local and state laws;
   ii. Failure to follow HMSOM procedures and policies (including, but not limited to, satisfactory completion of a background investigation and completion of other pre-employment requirements);
   iii. Unethical professional behavior related to teaching, scholarship, or service, and/or unethical professional behavior with regard to the general standard of performance expected as a faculty member, and/or unethical professional behavior as dictated by the profession generally, which would normally lead to revocation of licensure or certification. In the context of scholarship (including research), misconduct is defined as the intentional, knowing, or reckless fabrication, falsification, or plagiarism in proposing, performing, or reporting research results, or other serious act(s) of academic dishonesty;
   iv. Conviction of or discovery of a crime directly related to the faculty member's fitness to practice his or her profession;
   v. Intentional falsification of credentials or academic experience;
   vi. Permanent loss of required professional licensure and/or certification (not including suspension without revocation);
   vii. Illegal immigrant status or losing permanent resident status, a work visa, or the right to reside or work within the United States;
   viii. If relevant to the faculty member's duties, moral turpitude, and fitness to practice his or her profession.

d. The HMSOM Academic Department Chair shall notify the faculty member in writing regarding the alleged reason(s) or cause for Termination of Appointment of the faculty member. The alleged reasons or cause for Termination of Appointment should be clearly set forth in writing to the faculty member.
e. The faculty member shall have 30 calendar days after being notified in writing by the HMSOM Academic Department Chair regarding the reason(s) for Termination of Appointment. In the written response by the faculty member, he/she may elect to have the process for the determination reviewed by the Grievance Committee, as set forth in Section 4 of the Faculty Guide. The Grievance Committee shall have 30 calendar days to review the matter and make its findings and recommendations and provide them in writing to the faculty member and the HMSOM Academic Department Chair.

f. After considering the Grievance Committee’s report, if the faculty member is still dissatisfied, he/she may appeal to the Dean. The faculty member’s appeal to the Dean shall be in writing and submitted within 14 calendar days following the Grievance Committee’s report.

g. The Dean will consider the faculty member’s appeal and the Grievance Committee’s report. The Dean, at his or her sole discretion, may meet with the faculty member to discuss the matter. The Dean shall communicate his or her decision, in writing, to the faculty member, the HMSOM Academic Department Chair, and the Grievance Committee. The Dean shall include the reasons for their decision.

h. A decision by the Dean to sanction a faculty member before the end of a specified term may be appealed for a joint review by the HMH CEO and the HMSOM BOG Chair. Such an appeal must be filed with the Dean, the HMH CEO and the BOG Chair by the faculty member within 30 calendar days after the faculty member has received notice of the Dean’s decision, according to Section 6.12(g) herein.
SECTION 7: STANDARDS FOR ACADEMIC DEPARTMENT CHAIRS OF THE SCHOOL OF MEDICINE: RESPONSIBILITIES, APPOINTMENT, REVIEW, RESIGNATION/REMOVAL, AND PROMOTION

RESPONSIBILITIES AND DUTIES OF ACADEMIC DEPARTMENT CHAIRS

HMSOM Academic Department Chair (HMSOM Chair) must each oversee the distinct, and at times competing interests, needs, and obligations of the three critical domains of a Department: clinical service (for clinical departments); research, and education. (This responsibility differs from the responsibility of many Hospital Chairs who may be largely (or exclusively) focused on the clinical activities of the department or clinic with some (but more limited) educational activities.) Therefore, it is important that all of these responsibilities be reflected in the composition of the HMSOM Academic Department Chair Search Committees.

An Academic Department Chair (HMSOM Chair) is responsible for all faculty members and functions of his or her HMSOM Department. In addition to faculty responsibilities, the Chair shall perform the following duties either personally, or by prior agreement or delegation with one or several Academic Vice Chairs (HMSOM Vice Chairs):

7.1. Administration:
   a. Recognize the importance of physician-patient and faculty-student congruency with regard to race, ethnicity, and/or gender in healthcare outcomes, and seek to recruit, retain and develop diverse populations in all disciplines and professions, in collaboration with the HMSOM senior Associate Dean for Diversity & Equity and HMH leadership that are aligned with the HMSOM’s curriculum, mission, community health needs, and the interests of the physician workforce. Such efforts will include but are not limited to, increasing awareness of healthcare disparities, and emphasizing these issues within Departments. Help in HMSOM efforts to increase diversity among its faculty, resident programs, students, and staff.
   b. Make decisions concerning the appointment, reappointment, promotion, and Termination of Appointment in accordance with approved procedures. Ultimately such decisions regarding recommendations for appointments and promotions should be made by the Chair, who will sign the Chair’s letter for the application. Note: Development and constitution of a departmental Appointment and Promotions Committee (APC) are to be considered on a department-by-department basis. Prior to constituting such a committee, the Chair is expected to notify the Dean of this intention and to share the departmental plan with the Vice Chairs and the Dean for their consideration and feedback.
   c. Support, collaborate on, and initiate strategic plan-driven projects including those related to the quality of medical education, service, and research/scholarship and innovation, as appropriate, with the support of the Offices of Medical Education, Faculty Development, and Research and Graduate Studies. These efforts should ensure regular data-driven assessment of programmatic initiatives and identification of Specific - Measurable – Achievable - Realistic – Timely (SMART) goals.
   d. Arrange for mentoring activities within the Department for faculty, trainees, and students as needed, requested, and/or when referred by other HMSOM departments or offices.
   e. Present to the Department of the Office of Faculty Advancement at the end of the academic year, a written evaluation containing standardized data reflecting teaching, service, and scholarship activities, progress in reference to goals and objectives, as well as subjective comments for each faculty member – and copied to the Dean. Notify faculty of upcoming evaluations and their obligations to submit annual performance data in a timely manner. (Note that initial annual review reminders are issued to the faculty by the Office of Faculty Advancement).
   f. Submit an annual report to the Dean on the work of the Department – providing the scope of teaching, service, and scholarship activities undertaken by the faculty. Prepare other reports as requested by the Dean.
   g. Prepare material for accreditation catalogs, webpages, and other documents, as required and requested by the Dean, or his or her HMSOM designees.
   h. Hold at least two (2) meetings of the entire Departmental Faculty each year. Plan meetings with the goal of allowing as many Faculty to attend as possible. Provide and forward minutes of all Department meetings to the department faculty and retain them for review by the Dean if requested.
i. Support the recruitment of faculty with experience in medical school teaching, research/scholarship, and related service.

j. Appoint an Acting Chair or clearly articulate the role(s) of the Academic Vice Chair(s) who will serve during scheduled or emergency absences of the Chair of more than 15 calendar days and inform the Dean and the department personnel of this temporary appointment and of the expected dates of absence.

k. Develop departmental infrastructure such that the needs of the Chairs, Academic Vice Chairs, and the educational and research units are met network wide.

l. Review the common HMSOM metric for identifying the amount of time Faculty Members spend on HMSOM activities requested by the Academic Department Chair and/or HMSOM Dean. This data—prepared semi-annually—is to serve as a guide to assessments/reassessments of a faculty members efforts on behalf of the HMSOM and will constitute the basis for commensurate reimbursement from the HMSOM.

m. Perform such other duties as are necessary for the efficient operations of the Department.

7.2. Teaching

a. Support the recruitment of faculty. Where possible, coordinate Chair/Vice Chair appointments, with the approval of the Dean, across the HMH network and the HMSOM to ensure that the clinical and educational needs of both enterprises are accommodated.

b. Advocate on behalf of faculty and petition the HMH network to ensure supported teaching time which will be reevaluated for each Faculty Member semi-annually by the chairs to assess whether this accurately reflects the actual teaching time. Collaborate on teaching appointments and compensation plans with the HMSOM and the HMH Physician Division.

c. In consultation with the Office of Medical Education, assigns and approves/authorizes Faculty Member teaching schedules.

d. Recognize the importance of faculty development in creating effective teachers and sustaining quality of education across the HMSOM’s curriculum and HMH residency programs – encourage participation in development activities (including through required attendance at HMSOM orientation, faculty development session(s), and/or creation of a teaching peer review program).

e. Request, evaluate, and monitor aggregate, overall and when appropriate, individual teaching data for all courses, clerkships, and faculty in the Chairs department. The HMSOM Office of Medical Education should provide such data to the Chairs at least on an annual basis, appropriately formatted, and in a timely manner (e.g., no later than three months after the end of an academic year).

f. Support Graduate and Continuing Medical Education programs, when applicable, including mentoring in teaching and scholarship, and encouraging attendance at HMSOM-sponsored faculty development, research seminars, and investigator training lectures.

g. Prepare and deliver Department-specific introductions to Phase 1 students. Cultivate opportunities to introduce and expose Phase 1 students to a wide variety of specialty and subspecialty practices at the request of the Dean’s cabinet.

h. Respond to students’ feedback comments and concerns regarding educational or research encounters offered through the HMSOM and involving the Department faculty. This may include an after-learning session conversation or written course evaluation feedback.

7.3. Research / Scholarships and Service

a. Encourage and facilitate faculty and student scholarship and identify opportunities for research, including collaborative research across departments and centers. Provide mentoring and guidance to faculty and students regarding opportunities for research including required qualifications and description of the protected time and/or funding available.

b. Collaborate with and notify the Dean of the Interprofessional Health Sciences Library regarding annual scholastic needs. Survey Department Faculty for recommendations.

c. Encourage, recognize, and reward service within the Department, the HMH network, the HMSOM, and/or the community.
7.4. APPOINTMENT OF CHAIRS

HMSOM Academic Department Chair Search

When an Academic Department Chair position is vacated, a search committee will be formed by the Dean.

a. From the time that the HMSOM Academic Department Chair steps down until the new HMSOM Academic Department Chair is appointed, an Interim Academic Department Chair shall serve.
   i. The Dean will select the Interim HMSOM Chair.
   ii. The Dean will notify the HMH CEO of this decision prior to any announcement.
   iii. The Interim appointment will allow for the continued functioning of the HMSOM Department and will enable an orderly search for the selection of the permanent HMSOM Chair. In general, it is expected that the Dean would select the Interim Chair from among the existing Hospital Chairs and/or Academic Vice Chairs. The Dean may seek input from the HMSOM faculty from the impacted department, but this input would not be required. Although not time limited, it is expected that an appointment to the role of Interim Chair would not exceed two years. An Interim Chair may or may not be a candidate for the permanent Academic Department Chair position.

b. Situations requiring the appointment of a new HMSOM Academic Department Chair
   i. HMSOM Chair steps down (or announces the intention to do so within the next six (6) to twelve (12) months) from his or her roles as both HMSOM Chair and as Hospital Chair: Two scenarios are possible in this situation.
      a. The HMSOM Chair search, and the separate but concurrent Hospital Chair search occur in parallel. In such cases, the candidates for the vacant Hospital Chair position who are also interested in the HMSOM Chair position would need to be interviewed by both the HMSOM Chair Committee and the Hospital Chair Committee.
      b. In the situation in which an HMSOM Chair announces in advance of their intention to step down from both positions, the Hospital Chair search could first be conducted and completed. Then, if the successful Hospital Chair candidate is also interested in the HMSOM Chair position, he/she could compete for this position along with the other interested Hospital Chairs who wish to be considered.
   ii. HMSOM Chair wishes to stepdown as HMSOM Chair but retain Hospital Chair position: to be decided on a case-by-case basis by the HMH CEO (or their designee), in consultation with the Dean, if this will be permitted. If permitted, the other Hospital Chairs would proceed with the HMSOM Chair search.
   iii. HMSOM Chair wishes to step down as Hospital Chair but remain active as HMSOM Chair: to be decided on a case-by-case basis by the Dean of the HMSOM.

c. Configuration of the HMSOM Chair Search Committee:
   i. Selection of the Search Committee Leader:
      a. The Dean will select this individual, in consultation with the HMH CEO.
      b. Typically, the search committee leader will be a sitting HMSOM Academic Department Chair. At times, it may instead be a member of the Dean’s Cabinet.
Formation and selection of the other search committee members:

a. Three (3) faculty from the HMSOM department for which the Chair search is being conducted
b. These departmental faculty will represent the departmental membership across the network and therefore should include representatives from all the North, Central, and South regions
c. The selected faculty will include at least one individual with substantial research experience. They will be made in consultation with the Cabinet Member who is responsible for HMSOM for Research and Graduate Studies.
d. Typically, the recommendations for the remaining two faculty will be made by the network Chief Academic Officer and the Cabinet Member who is responsible for HMSOM Research and Graduate Studies. Should the network Chief Academic Officer and the Cabinet Member responsible for HMSOM Research and Graduate Studies not be able to come to an agreement, the Dean will make the decision.
e. Under optimal conditions, the selected faculty should not be located within the Hospital departments of the candidates for the Chair position. When this option is not realistic then:
   i. there should be parity (e.g. consideration should be given to selecting the faculty from the other Hospital department(s) from which a candidate has emerged); and
   ii. the Dean must meet each of these prospective search committee members to ensure that they do not have a close personal relationship with any one of the Chair candidates, especially the one chairing the faculty member's current hospital department.

f. Two (2) faculty from other clinical departments
   - These two faculty should be located in hospitals in different regions,
     - One of these members should be from a closely aligned department (e.g., from OB-GYN for the Chair, Department of Pediatrics; from Surgery for the Chair, ENT, etc.)
     - Typically, the recommendations for these two positions will be made by the two network Chief Academic Officers

g. Three (3) faculty members representing Research
   - One faculty member from the Department of Medical Science (to be selected by the Chair of this Department.)
   - One member from the Center for Discovery and Innovation (CDI) (to be recommended by the Director of the CDI)
   - One community/population health or behavioral health researcher (To be recommended by the Dean for Medical Education)

h. Representative from the HMSOM Faculty Assembly one (1) representative from the Faculty Assembly to be selected by the President of the Faculty Assembly

i. Three HMH representatives outside of the HMSOM and clinical departments—one representative from each category below to be selected by the HMH CEO or their designee
   - One HMH Leadership
   - One Care Transformation Services (CTS) President
   - One Regional President
7.5. REVIEW OF ACADEMIC DEPARTMENT CHAIRS

1. Annual Review
The Dean will meet with the HMSOM Academic Department Chair annually to review his or her Department's progress in each of the four (4) domains listed below and discuss goals and objectives for the forthcoming year. The HMSOM Academic Department Chair will present a plan to the Dean based on and organized around the HMSOM's Strategic Plan. During this review, the Dean will emphasize areas of success as well as those areas requiring remediation and develop specific plans to accomplish the latter. These remediation plans, as well as the Department’s continuing progress in other areas, will be monitored through periodic reassessments with the HMSOM Academic Department Chair at regularly scheduled intervals, depending on the nature and magnitude of the issues. The review will focus on the academic mission (teaching and scholarly outputs of the department), the administrative leadership, oversight and support provided by the HMSOM Academic Department Chair to his or her Departmental faculty, including the ability to balance the clinical and financial demands in equilibrium with the academic demands. The domains in which the HMSOM Academic Department Chair will be evaluated are:

a. TEACHING: Evidence may include, but is not limited to, HMSOM teaching data reports, data from HMSOM teaching evaluations of Departmental courses and programs by Departmental faculty, residents and students; departmental engagement in inter-professional efforts by the HMSOM; narrative comments from residents and students; materials from new courses prepared (or in preparation); samples of instructional materials such as syllabi, manuals, or other materials developed by the instructor for use by students in courses; records of supervision of graduate theses and dissertations; clinical supervision and practice; reports of classroom observations by HMSOM Academic Department Chair, faculty members, or HMSOM staff; publication of books or articles on teaching methods; enrollment in courses or programs designed to improve teaching.

b. SCHOLARSHIP: Evidence may include, but is not limited to Departmental faculty members' published articles including online medical education peer-reviewed sites, manuscripts in press (accepted for publication), copies of acceptance letters (or emails) for papers presented at professional meetings, copies of letters of invitation to present at professional meetings, and/or to present outside seminars, copies of grant award notifications, and participation in grant review study sections.

c. SERVICE: Evidence may include, but is not limited to, letters appointing a faculty member to a school committee, an affiliated hospital committee, a community-based committee relevant to the HMSOM’s Mission or medical and/or scientific professional association committee, copies of awards received for service provided to professional and community-based organizations, and evidence of sustained clinical activity for Chairs of clinical departments.

d. ADMINISTRATION: Evidence may include, but is not limited to, contributions of the Academic Department Chair’s unit to the Vision and Mission of the HMSOM; active engagement in school-wide chair and other leadership committees; a listing of faculty and staff supervised; list of committees, chairmanships, and key committee accomplishments; description of programs developed and/or expanded; quality outcomes; achievement of budget and productivity targets; or explanation of negative variances.

2. Term Review
All Academic Department Chairs will be subject to a comprehensive performance review to be initiated 18 months before the end of the Chair’s term. The evaluation will be conducted by the Dean of the HMSOM.

a. Formal input from Department Faculty and other constituents beside Department faculty members (e.g., staff, students, representatives of other departments), may be requested at the discretion of the Dean, and incorporated into the Academic Department Chair’s performance review.

b. Before their performance review, and according to a schedule determined by the Dean of the HMSOM, Academic Department Chairs must submit a portfolio to be used in their review. Chairs will be expected to provide an overview and examples of evidence to substantiate their department’s administrative accomplishments in Teaching, Scholarship and Service (as well as their own personal accomplishments). They will also be requested to prepare a narrative regarding their own administration skills and accomplishments during the current term of appointment. This section should include a statement of the Academic Department Chair’s leadership philosophy, leadership challenges...
and achievements and should describe strategies used to motivate and lead others. This section should conclude with a statement (or list) of proposed leadership goals and objectives for the Department and the Academic Department Chair. Following the narrative, the Academic Department Chair should submit evidence of achievements in administration, such as a list of achieved goals, new policies, procedures, or initiatives, or Department documents created by the Academic Department Chair for the current term of appointment. The Academic Department Chair should provide evidence that substantiates the achieved goals.

d. Academic Department Chairs, as all faculty, will be reviewed for all personal and academic performance.

7.6. RENEWAL OF CHAIRS

Academic Department Chairs of the School of Medicine may have their appointment as Academic Department Chair renewed for a term of up to five (5) years. There is no limit to the number of terms that an Academic Department Chair may be appointed.

Renewal of Academic Department Chairs for an additional term will be dependent on the outcome of the Chair’s performance review and is at the discretion of the Dean, with approval by the CEO of HMH. Renewal of an Academic Department Chair will automatically serve as renewal of the Academic Department Chair’s faculty appointment at their existing rank. If an individual is not renewed as an Academic Department Chair, or if they choose to step down as Academic Department Chair, then they must follow the guidelines and procedures for faculty reappointment and promotions (Sections 6.1 – 6.9). Promotion of Academic Department Chairs is described in Section 7.8 below.

7.7. RESIGNATION OR REMOVAL OF HMSOM ACADEMIC DEPARTMENT CHAIRS

a. The term of Academic Department Chairs shall be consistent with the terms as described above. In general, a HMSOM Chair of a Clinical Department will also be a Chair of said department at one of the HMH hospitals. In such case, should a HMSOM Chair of a Clinical Department resign or otherwise vacate their clinical Chair position at HMH, in general, said Chair would resign or otherwise be relieved of their Chair position at the HMSOM. This decision will be made by the Dean in consultation with the CEO of HMH.

b. An Academic Department Chair may choose to step down at the end of a term. Consistent with the process described in Section 7.4, the Academic Department Chair must indicate to the Dean, in writing, of the decision to step down at least six (6) months in advance, so that a new Academic Department Chair search may be initiated and/or so that an acting/interim Academic Department Chair may be appointed until the new Chair is appointed.

c. Proceedings to relieve an Academic Department Chair appointed by the HMSOM from administrative duties, during or at the end of a term, may be initiated by the Dean of HMSOM. The Chair serves at the pleasure of the Dean and thus may be removed as Chair by the Dean at any time. However, the Dean is encouraged to consult with the Chair to express sources of dissatisfaction and to offer remedial assistance before taking any such action. Before removal, the Dean must also consult with the HMH CEO. The Dean will have discussed this decision with the HMH CEO.

d. Relieving an Academic Department Chair from their duties does not constitute removal of the individual from their position as a faculty member, and he/she may return to their pre-Chair faculty responsibilities, unless the faculty member's appointment with the HMSOM is terminated in compliance with Section 6.12.

e. In case of the death, resignation, or removal of an Academic Department Chair or of a vacancy in the office occurring for any other reason, the Dean of the HMSOM (in consultation with the HMH CEO) shall designate an acting or interim Chair to serve until a new Chair is hired according to Section 7.4 herein. The Dean shall convene a Chair Search Committee for hiring a new Academic Department Chair, in consultation with the HMH CEO within 60 days of the vacancy.

7.8. PROMOTION OF ACADEMIC DEPARTMENT CHAIRS
As faculty members of the HMSOM, Academic Department Chairs are eligible to apply for promotion.

Promotion (i.e., from Assistant Professor to Associate Professor, from Associate Professor to Professor) of Academic Department Chairs will follow the same policies and procedures for the promotion of faculty members outlined in Sections 6.1 – 6.9.

7.9. RESPONSIBILITIES AND DUTIES OF VICE CHAIRS

a. Each HMSOM Academic Department Chair may elect to appoint one or more Academic Vice Chairs (typically not to exceed three) with the role as described below. If the HMSOM Chair feels that the additional Academic Vice Chair(s) is needed for effective management, he/she shall submit a written request to the Dean specifying the need. Additionally, an Academic Department Chair may elect not to appoint an Academic Vice Chair if, after consultation with the Dean, it is determined that there is no necessity for an Academic Vice Chair. The Dean must be notified within 48 hours of the appointment of an Academic Vice Chair.

b. An Academic Vice Chair’s responsibilities and duties should be determined by the Academic Department Chair in collaboration with other departmental Academic Vice Chairs. Academic Vice Chairs should be assigned duties related to assisting in all matters requiring the use of the full HMH network, including:
   i. In consultation with the Academic Department Chair and appropriate HMSOM Cabinet Member, assign Faculty Member teaching schedules.
   ii. Participate personally in teaching, mentoring and precepting activities.
   iii. Recommend to the Academic Department Chair the appointment, promotion, dismissal, reappointment, and the leaves of all Department Faculty Members across HMH, in accordance with approved procedures.
   iv. Coordinate and support the Academic Department Chair in the planning and coordinating the Department Faculty meetings.
   v. Arrange for mentoring activities across the HMH system for Faculty, trainees, and students within the Department.
   vi. Assist the Academic Department Chair in all mutually agreed-upon matters.
   vii. Encourage and facilitate HMSOM community service.
   viii. Prepare material for accreditation and reaccreditation, catalogs, and other official documents, as required and requested by the Chair.
   ix. Respond to students’ concerns.
   x. Provide oversight of residency/fellowship/Continuing Medical Education programs when applicable.

c. The Academic Department Chair should clearly discuss the expectations of the Academic Vice Chair’s role and duties (which may change over time). A good practice is to review any specific responsibilities/duties at the beginning of the year and set clear, agreed-upon goals for the upcoming twelve months.

d. The Academic Vice Chair may be dismissed from this administrative role at the Academic Department Chair’s discretion following consultation with and concurrence by the Dean. Relieving an Academic Vice Chair from their duties does not constitute Termination of Appointment, he/she may return to their pre-Academic Vice Chair faculty responsibilities, unless the faculty member’s appointment with the HMSOM is terminated in compliance with Section 6.12.

e. The Academic Vice Chair may be considered for promotion as a faculty member while serving as Academic Vice Chair. The same criteria apply to this promotion as for any other faculty member. Duties included in the role of Academic Vice Chair qualify as Service, as described in Sections 6.1 – 6.9 of the Faculty Guide.
SECTION 8: FACULTY SCHOLARSHIP (INCLUDING RESEARCH) AND SPONSORED ACTIVITIES

8.1. SCHOLARSHIP (INCLUDING RESEARCH)
Teaching and scholarship (including research) are complementary activities. A faculty member’s professional development requires a continuing commitment to scholarly research and publication. The HMSOM encourages faculty members to engage actively in scholarship (including research) and other professional activities for the advancement and dissemination of knowledge. Such encouragement includes the promulgation of policies and procedures necessary to foster a climate for scholarship (including research), the provision for internally funded scholarship (including research), and the endorsement and support of acceptable proposals to external sources for sponsorship.

Administrative structures and policies are in place at HMH and the HMSOM to support and protect investigators’ patent, copyright, and intellectual property rights.

8.2. GENERAL PRINCIPLES OF SCHOLARSHIP
The following are the general principles established by HMSOM policy:

a. The HMSOM imposes no limitation on the freedom of the faculty members in the choice of fields of inquiry or the dissemination of the results obtained.

b. The HMSOM shall accept or administer only those research grants and contracts that do not restrict faculty investigators with respect to the manner in which the scholarship (including research) is conducted, or the conclusions that are reached.

c. HMSOM Faculty will be aware of patent, copyright, and intellectual property-related rights and responsibilities.

8.3. OBLIGATIONS OF SPONSORED ACTIVITIES
The responsibilities of the HMSOM in accepting grants and contracts, and the responsibilities of Departments, faculty members, and staff, are as follows:

a. HMH and the HMSOM encourage the development and implementation of projects involving fundamental and applied scholarship (including research), training, and community service activities by faculty, administrators, and students.

b. To further these activities, the HMSOM, the HMH Research Institute (HMHRI), and the HMSOM Research Committee shall provide all necessary assistance that may be required by individuals and groups seeking to attract extramural funds to support such endeavors. The solicitation, acceptance, execution, and administration of grants and contracts, however, impose legal, fiscal, and moral obligations by the sponsoring groups and agencies upon HMH and/or the HMSOM. Therefore, requests for extramural funding for projects must be reviewed and approved before submission to potential sponsors. In accepting a grant or contract, the HMSOM must provide the appropriate share of the time and effort of its personnel to perform work mutually agreed-upon with a sponsor. Charges for the work shall be based on the employee’s regular compensation, which, in accordance with HMH and HMSOM practice, constitutes the basis of their salary. Payroll distribution records must substantiate all personnel costs.

c. Negotiation of special circumstances attendant to the grant application that may affect salary and compensation shall be addressed on an ad hoc basis between the grant applicant, HMH, the HMSOM, the HMSOM Research Committee, and the Office of the Dean before submitting the application.
8.4. ADMINISTRATION AND PROCEDURES
a. The Dean of the HMSOM and the HMH CEO are responsible for the formation of policies and procedures relating to extramurally sponsored projects. This responsibility is carried out with the advice of the HMHRI and the HMSOM Research Committee.
b. Proposals for scholarship support (including research), in the form of grants from or contracts with outside agencies must be approved in accordance with HMH’s Bylaws and the HMHRI including campus facilities at the Interprofessional Health Sciences (IHS) site in Nutley, NJ. The Academic Department Chair and the Dean shall be advised annually in writing of the progress of such programs.
c. No faculty member is empowered to enter into any grant or contract in the name of the HMSOM or HMH without the express written permission of the appropriate parties.
d. Faculty interested in applying for a sponsored project should contact the HMHRI and/or the HMSOM Research Committee, which shall assist them in identifying appropriate sources and in preparing proposals.
e. Faculty who have successfully received grant approval will report the same to the Dean of Research.

8.5. PATENT, COPYRIGHT, AND INTELLECTUAL PROPERTY RIGHTS POLICIES
a. The respective rights of individual faculty members to patents, copyrights, and intellectual property rights are outlined in periodic HMSOM announcements/policy changes, and in faculty members’ employment contracts. The Faculty Assembly of the HMSOM reserves the right to consider any changes made to the HMSOM Faculty Guide in this regard for possible adoption, inclusion, and amendment to this document as per Section 10.2 below.
b. Intellectual property matters are handled through the HMHRI, which works closely with the Office of the General Counsel as appropriate.
c. HMH’s Office of Commercialization and Technology Ventures facilitates and promotes intellectual property development by investigators at or affiliated with HMH.

Approved updates to existing policies on patent, copyright, and intellectual property rights and responsibilities shall supersede provisions delineated herein.
SECTION 9: LEAVES OF ABSENCE FOR FACULTY MEMBERS OF THE SCHOOL OF MEDICINE

9.1 LEAVES OF ABSENCE
Each faculty member’s employer establishes eligibility and terms concerning other leaves of absence (e.g., unpaid leave of absence; medical leave; and leave for political activity, government service, military service, and jury duty). See Section III of the Faculty Bylaws.
SECTION 10: FACULTY GUIDE APPROVAL, AMENDMENTS, AND SEVERABILITY

10.1. APPROVAL OF FACULTY GUIDE
   a. The Faculty Assembly will have the right to review and provide comments on the HMSOM Faculty Guide prior to its approval by the Dean. The Dean of the HMSOM must then give the final approval.
   b. The Faculty Guide will undergo continuous review by a subcommittee appointed by the Chair of the Faculty Assembly (Faculty Guide Review Subcommittee). The purpose of this subcommittee shall be to suggest any amendments and/or deletions to the Faculty Guide. These suggestions will be reviewed by the Policy and Governance Committee and subsequently reviewed and voted on by the Faculty Assembly.
   c. Members of the Faculty Guide Review subcommittee will include the current Chair of the Faculty Assembly, current Vice-Chair of the Faculty Assembly, and immediate past Chair of the Faculty Assembly. Additional members of the subcommittee members may be appointed at the discretion of the Chair of the Faculty Assembly.

10.2. AMENDMENTS TO THE FACULTY GUIDE
   A proposed amendment to the HMSOM Faculty Guide may only be raised by either the Dean or a member of the HMSOM Faculty Assembly. Proposed amendments will be submitted to the Faculty Guide Subcommittee for review.
   For a proposed amendment to become an official part of the Faculty Guide, the amendment must be approved by the Dean (in consultation and collaboration with the HMH CEO).

   Once an amendment has been proposed, the Faculty Assembly will have two weeks to review and comment on the proposed amendment. After this review and comment period, the Faculty Assembly will vote on the proposed amendment.

   A minimum of 10% of those faculty with voting privileges shall constitute a quorum. For example, if there are 1500 faculty members with voting privileges, then 150 faculty members will need to cast votes to achieve a quorum. The proposed amendment must be reviewed and recommended by a simple majority vote (one-half plus one) of the cast voting ballots. Ballots may be cast during a meeting of the Faculty Assembly or electronically.

   If recommended for approval by the Faculty Assembly, the amendment will be memorialized in writing before it can be moved to the Dean for final consideration. If approved by the Dean and the HMH CEO, the amendment will be incorporated into the Faculty Guide.

   When a quorum does not exist, a vote on a motion may be conducted electronically.

10.3. SEVERABILITY OF THE FACULTY GUIDE
   If any provision of this Faculty Guide is held unenforceable, then such provision will be modified to reflect the parties’ intention. All remaining provisions of the Faculty Guide shall remain in full force and effect.
SECTION 11: GOVERNANCE OF THE SCHOOL OF MEDICINE

11.1. ROLE AND RESPONSIBILITY OF THE DEAN OF THE HMSOM

As per Section 6.5(a) of the Post-Transition Amended and Restated Bylaws of the Hackensack Meridian School of Medicine, and Section VIII of the Faculty Bylaws, “The chief executive officer of the HMSOM shall be the Robert C. and Laura C. Garrett Endowed Chair for the School of Medicine Dean. The Dean may also hold the position and title of President of the Academic Enterprise at HMH at the discretion of the CEO of HMH. However, such position and title shall not confer on the Dean any authority, responsibilities, or privileges not otherwise set forth herein or granted to the Dean of the HMSOM (and in all events subject to compliance with HMSOM’s conflict of interest policies).

The responsibilities of the Dean include:

a. The Dean shall create annual operating and capital budgets for HMSOM and the M.D. Program pursuant to the M.D. Program Requirements and propose those budgets to the BOG, which shall consider the Dean’s recommendation, and if appropriate, approve and adopt such budgets by a majority vote, pursuant to Section 4.1 (b)(xi) of the Amended and Restated Bylaws of HMSOM. In creating these annual budgets, the Dean shall make recommendations as to class size, tuition, and appropriate annual growth. The Dean shall ensure that the medical students and faculty have access to appropriate resources for medical student education.

b. The Dean will report on and be accountable for all academic matters related to the M.D. Program to the HMSOM BOG and the HMH CEO. The Dean shall also serve in the HMH leadership position of President of Academic Affairs, with reporting relationships in such a role to HMH leadership and management. Subject to the reserved powers of the Members, the Dean shall be responsible for the day-to-day operations of medical education (including clinical education), scholarly activity, and service in the M.D. Program and HMSOM. Without limiting the foregoing, the Dean shall be responsible for:
   i. the Vision, Mission, and Strategies of HMSOM and the M.D. Program;
   ii. academic standards and appropriate learning environment, including the responsibilities and privileges of the HMSOM’s and the M.D. Program’s administrative officers, faculty, medical students, and committees;
   iii. proper operations of the Office of Admissions consistent with the Vision and Mission of HMSOM and the M.D. Program, LCME accreditation standards, and state and federal law, provided, however, that the Dean shall have no input into or oversight of individual admissions decisions;
   iv. curriculum development of the M.D. Program;
   v. an appropriate balance between teaching, clinical and research activities of students and faculty and at levels necessary to attain HMSOM’s and the M.D. Program’s academic and reputational objectives;
   vi. subject to approval by the Members of the BOG, a faculty effort and compensation model is developed that appropriately values academic contributions, encourages sponsored research and fosters HMSOM and the M.D. Program recruitment objectives as well as recognizing clinical performance, and is supported by appropriate teaching and research funding within the HUMC Faculty Practice;
   vii. appointment, promotion, renewal, and removal of School of Medicine faculty, subject to applicable faculty governance documents; and
   viii. other responsibilities as currently or in the future may be required by Regulatory Bodies or the BOG.
The following elected and/or appointed standing committees and subcommittees (collectively, “committee” or “committees”) of the HMSOM shall be established in the HMSOM. Each standing committee shall create policies and procedures to govern the activities and membership of the committee. Unless noted otherwise, HMSOM standing committees report to the Dean, who also approves their policies and procedures.

HMSOM standing committees are not committees of the Faculty Assembly. The Faculty Assembly has the right to form its own committees (as outlined in Section 4: Section VI of the Faculty Bylaws), provided that these do not overlap or conflict with the functions of the HMSOM standing committees.

For all standing committees, at a minimum, 50% plus one of the voting members constitute a quorum and the majority of those voting members must be faculty. However, each standing committee may define a quorum for their respective committee that is greater than 50% but cannot have a quorum that is less than 50% of voting members and the majority of voting members must still be faculty.

In voting on matters presented to HMSOM standing committees, committee members (including the Chair) must recuse themselves from votes in which they have a prior personal involvement or known conflict of interest. HMSOM Academic Department Chairs are not eligible for service on HMSOM Standing Committees unless otherwise provided in the membership provision in a particular HMSOM Standing Committee.

All HMSOM standing committee members with the exception of those serving in an ex officio role, will serve three-year terms. The committee terms are staggered so that in any given year, one-third of the committee membership (including those who are elected or appointed) will be up for re-election or reappointment.

Each Committee shall elect a Chair and where applicable, a plan of succession of a Chair-Elect. Every Committee Chair shall, at the very least, forward the minutes to the Chair of the Faculty Assembly or a designee, the date, time, and members present or absent. They shall also notify the Chair of Nominations and Elections of any vacancies resulting from either committee separation or non-attendance.

1. **Admissions Committee**
   a. **Responsibility**
      The Admissions Committee is responsible for establishing and reviewing admission requirements for the HMSOM and for reviewing, interviewing, and selecting applicants for admission to the HMSOM. The Admissions Committee is independent of the Dean and does not report to her or him. The Admissions Committee members will ensure that the HMSOM selects those students with academic qualities that will allow for success in their medical studies, as well as attributes and experiences that will result in skilled and empathic physicians with a high degree of professionalism and strong communication skills. The goal of the members, through the work on this committee, is to admit students who will make positive contributions to the educational environment, to the care of their patients, to the field of medicine, and to the healthcare system.

   b. **Membership**
      The Admissions Committee is composed of twenty-five (25) members, of which 20 are voting. The 20 voting members are those nominated by their peers who complete a statement of interest and are then vetted and appointed by the Associate and/or Assistant Dean(s) of Admissions.
There are 20 voting members of the Committee:
1. Sixteen (16) faculty members distributed across departmental clusters
2. Two (2) student members elected by their peers
3. Two (2) community members actively engaged in HMSOM

There are five (5) ex officio, non-voting members of the committee:
1. Senior Associate Dean of Student Affairs and Wellbeing (or designee)
2. Senior Associate Dean of Diversity, Equity, and Inclusion (or designee)
3. Associate Dean of Admissions
4. Two (2) Assistant Deans of Admissions

The Chair of the Admissions Committee is initially the Associate Dean of Admissions. Until the HMSOM achieves full LCME accreditation and for approximately one (1) year thereafter, the Associate Dean of Admissions will continue as Chair. After the HMSOM achieves full LCME accreditation, a faculty member will be elected from the voting members of the Admissions Committee to serve as Chair-Elect. The Chair-Elect serves as such for one (1) year and thereafter assumes the position of Chair.

A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation. The Chair of the Committee votes only in the event of a tie. If the Chair (the named Dean) cannot attend the meeting, the other Dean serves as the Chair.

There is an internal advisory subcommittee that includes the Associate and Assistant Deans of Admissions, the Senior Associate Dean of Student Affairs and Wellbeing, the Senior Associate Dean of Diversity, Equity, and Inclusion, the Director of Admissions, two members of the Admissions Committee elected by the full committee, and the Director of Institutional Effectiveness and Assessment.

The correlation will be analyzed between the academic background of the admitted students and their performance in the Phase 1 curriculum and on both the formative U.S. Medical Licensing Examination and the passing rate in Step 1. The subcommittee also reviews data related to diversity metrics and/or the state of the learning environment when formulating these annual recommendations. The types of recommendations the subcommittee may make include, but are not limited to, changes to the pre-medical course requirements listed in the admission materials, or the application and admission processes.

All appointments are three-year renewable appointments, except for ex officio appointments. Candidates for membership on the committee may be nominated by members of the Faculty Assembly during the annual election cycle. Final determinations as to which nominated individuals are seated on the committee will be made by the Chair of the Admissions Committee as per the bylaws of the committee.

All members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. The Admissions Committee will meet monthly and at such other times as set forth in the policies and procedures of said Committee.

c. Subcommittees
There is one subcommittee of the Admissions Committee; the Internal Advisory Subcommittee. Membership includes the Associate Dean of Admissions, the Senior Associate Dean of Student Affairs and Wellbeing, the Senior Associate Dean of Diversity, Equity, and Inclusion, the Director of Admissions, the Director of Institutional Effectiveness and Assessment, and two members of the Admissions Committee elected by the full committee.
The Internal Advisory Subcommittee annually reviews the admission criteria and process. If changes are necessary, the subcommittee makes recommendations to the full Admission Committee. Data and feedback from other HMSOM committees form the basis for such recommendations.

2. Appointments and Promotions Committee
   a. Responsibility
      The Appointments and Promotions Committee (“APC”) is responsible for making recommendations to the Dean regarding all matters related to the appointment and promotion of faculty members of the HMSOM.

   b. Membership
      The APC is composed of nineteen (19) members; there are 16 voting members (faculty members must be senior faculty, Associate Professor or Professor rank), elected by the Faculty Assembly and distributed proportionally across Departmental clusters; and three (3) non-voting members (Associate Dean of Faculty Advancement; Senior Associate Dean of Diversity, Equity, and Inclusion, and the Chair of the APC). Academic Department Chairs may serve on the APC. The Dean of the Office of Faculty Advancement shall serve in an ex officio capacity as the Chair of the APC without term limit and votes only in the event of a tie.
      All members will serve a three-year renewable term. The APC will meet monthly and at such other times as set forth in the policies and procedures of the APC Committee.

      A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

3. Data Governance Committee
   a. Responsibility
      The Data Governance Committee provides oversight and stewardship for the protection of access to and best use of all data at the HMSOM, including student demographics, academic learning and outcomes data, curricular data, and administrative data. This committee reports to the Dean of the HMSOM.

   b. Membership
      The Data Governance Committee has twenty (20) members; twelve (12) voting members and four (4) alternates within their units, including four (4) faculty members elected across clusters (medical sciences, surgical, and hospital department clusters); the Dean of the HMSOM; Associate Dean of Admissions, Assistant Dean of Admissions, Associate Dean of Faculty Advancement, Assistant Dean of Faculty Advancement, Chief Operating Officer; Vice Dean of Academic Affairs, Associate Dean of Medical Education, Director Institutional Effectiveness and Assessment, Assessment Information Systems Specialist; Vice Dean of Research and Graduate Studies, Senior Associate Dean of Student Affairs and Wellbeing, Registrar, Research Associate, the HMH Associate Chief of Information Science, and the HMH Associate Chief of Data Science. The committee will meet monthly. The Director of Institutional Effectiveness and Assessment chairs the Data Governance Committee.

      All members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. The Data Governance Committee will meet monthly and at such other times as set forth in the policies and procedures of said Committee.

      A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.
4. The Diversity, Equity, and Inclusion Committee
   a. Responsibility
      Responsibilities of the Diversity, Equity, and Inclusion Committee include:
      i. developing and maintaining a diversity database to establish data integral to sustaining effective recruitment, retention, and professional development of underrepresented students, faculty, and staff;
      ii. ensuring that policies and procedures regarding diversity, equity, and inclusion in the HMSOM are consistent with those of HMH and the mission and vision of the HMSOM;
      iii. fostering the development of personal attributes in employees and students of the HMSOM that are necessary to achieve its mission;
      iv. encouraging and supporting culturally relevant scholarly activities that acknowledge and respect systems of healing that emerge from different traditions;
      v. providing a culturally competent, inclusive, and respectful environment; and
      vi. developing and/or recommending policies and programs to continue to grow a culture of diversity, inclusion, and pluralism in the HMSOM.

   b. Membership
      Membership of the Diversity, Equity, and Inclusion Committee (“the Committee”) is composed of twenty (20) voting members. The 20 members include six (6) faculty members elected by the Faculty Assembly distributed proportionally across Departmental clusters, the Dean of the SOM, the Senior Associate Dean of Diversity, Equity, and Inclusion (DEI), the immediate Past Associate Dean of DEI, the Associate Dean of Faculty Advancement, the Associate Dean of Admissions, the Assistant Dean of DEI and Admissions, the Human Dimension Course Director, a representative from the HMH Office of Cultural Diversity appointed by the Dean of the HMSOM, Director Student Affairs and five (5) students, officially elected representatives of the student organizations (SGA, SNMA, LMSA, AMWA and Pride Alliance) (President or Vice President, designated by the organizations). Academic Department Chairs may serve as elected committee members. The co-chairs of the Committee are the Senior Associate Dean of DEI and the Immediate Past Associate Dean of DEI. All appointments are three-year renewable appointments, except for ex officio and resident/fellow appointments. The Diversity, Equity, and Inclusion Committee will meet quarterly and at such times as set forth in the bylaws of the Committee.

      All members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. The Diversity, Equity, and Inclusion Committee will meet monthly and at such other times as set forth in the policies and procedures of said Committee.

      A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

   c. Subcommittees
      There is one subcommittee of the Diversity, Equity, and Inclusion Committee; the Community Advisory Board. It is chaired by a community member appointed by the Dean and meets quarterly.

      The Community Advisory Board of the Diversity, Equity, and Inclusion Committee is committed to fostering open communication between the HMSOM and its surrounding communities. Membership will consist of elected officials or their representatives, leaders of civic and religious organizations and community associations, neighborhood activists, and individuals representing the HMSOM.

      Community Advisory Board meetings will consist of HMSOM staff leaders making presentations on topics including school infrastructure, funding issues, and healthcare public policy trends. A standing agenda item will be the status of the Human Dimensions Course of the HMSOM, which will take place in the community. In addition, a presentation about a specific health topic affecting residents and the local community is also made by one of the HMSOM directors or researchers.
Community Advisory Board members are given the opportunity to ask questions and raise concerns about how specific projects and conditions may affect communities served by the HMSOM. The goal is to create an ongoing dialogue that helps to prevent conflicts and ensures a smooth relationship between the HMSOM and its neighboring communities.

5. Faculty Assembly and Officers
   a. Membership of the Faculty Assembly of the HMSOM shall consist of those holding appointments as Faculty, as defined in the Faculty Guide, in the ranks of Instructor, Assistant Professor, Associate Professor, and Full Professor.

   b. The Faculty Assembly is free to create such officers and agencies (e.g., committees, task forces) as it deems appropriate to promote the interests of the Faculty, provided that the roles of these officers and agencies do not conflict or overlap with existing roles or standing committees of the HMSOM. The officers and agencies shall be elected to function in accordance with the Faculty Bylaws, and must, in all announcements and publicity, be clearly identified as officers and/or agents of the Faculty Assembly.

   c. The positions of Chair and Vice Chair of the Faculty Assembly are filled by senior faculty elected by the Faculty Assembly to serve a term of two years. These officers shall be selected and function in accordance with the Faculty Bylaws, and in all announcements and publicity, be clearly identified as officers of the Faculty Assembly.

   d. Nominations for the positions of Chair and Academic Vice Chair of the Faculty Assembly shall be solicited in April of the year in which there will be an election by the current Faculty Assembly Chair. Voting shall be conducted by secret ballot following the April meeting of the Faculty Assembly and before the May meeting. The newly elected Chair and Academic Vice Chair shall assume their positions after the June meeting.

   e. The Faculty Assembly will meet on a regular basis as determined by the HMSOM Faculty Bylaws.

6. Grievance Committee
   a. Responsibility
      The Grievance Committee, upon the Dean’s request, is responsible for evaluating an allegation by any faculty member that an action taken by an HMSOM official or committee was a violation of provision(s) of the HMSOM Faculty Guide, Faculty Bylaws or action caused by an omission of restatement therein. The Grievance Committee is strictly advisory to the Dean. The final decision regarding an allegation by a faculty member of a violation is made by the Dean. The Grievance Committee does not have any jurisdiction over a claim concerning harassment or discrimination, institutional equity, or violation of federal, state, and/or local law.

   b. Membership
      The Grievance Committee shall consist of six (6) voting members, elected by the Faculty Assembly distributed proportionally across Departmental clusters. Academic Department Chairs may not serve on the Grievance Committee.

      The Chair of the Grievance Committee is elected from among and by the HMSOM Faculty members on the committee. The Chair and all members will serve a three-year renewable term. The Grievance Committee will meet when called to action by the Dean of the School of Medicine. The Committee Chair or their designee will otherwise convene the committee to discuss operations or prepare reports.
A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation. The Faculty Chair may attend meetings of the committee as an ex officio member without vote.

All members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. The Grievance Committee will meet monthly and at such other times as set forth in the policies and procedures of said Committee.

Confidentiality:
All deliberations of the Grievance Committee are, by nature, confidential.

Grievance Committee shall convene when:

Grievance Review Request Accepted by the Dean
If a faculty member feels all local remedy steps have been taken and not led to a satisfactory settlement of a problem, the faculty member may make a formal request in writing to the Dean requesting review of the problem by the Grievance Committee. If approved by the Dean, the request to review the concern will be forwarded to the Grievance Committee. The committee will investigate, and interview parties as needed, not limited to the aggrieved faculty member. This is not a legal forum and legal representation is not permitted by any party interviewed.

Grievance Committee Review Request from the Dean
Alternatively, the Dean, with the consent of the faculty member, may refer an issue to the Grievance Committee for expanded consideration and recommendations.

The Grievance Committee shall decide the merits of the complaint or issue and where appropriate, recommend in favor of the aggrieved faculty or recommend remedial actions or sanctions. A vote of two-thirds of the members of the Grievance Committee shall decide all findings and recommendations.

Notice of Grievance Committee Findings:
The Chair of the Grievance Committee shall, within 30 days of committee activation, send to the aggrieved faculty and the Dean a written report describing the Grievance Committee’s findings and recommendations. The Chair of the Grievance Committee or his/her designee shall reduce to writing the findings and recommendations of the Grievance Committee and send the report to the aggrieved faculty and Dean including the facts upon which the Committee’s decision is based. The report will be signed by the Grievance Committee members. The Dean will review and act on the Grievance Committee’s findings. The Dean may then summarily act or consult other parties (e.g., Academic Department Chair) before finalizing or taking action.

If the Grievance Committee cannot reach a two-thirds consensus for a final vote, the report to the aggrieved faculty and Dean will state the Deadlock vote.

In case of a Deadlock committee vote, the Dean will consider a Summary Action, referral for further review by the Dean’s Cabinet or formation of an ad hoc committee.

7. Institutional Quality Improvement Committee (IQI)
   a. Responsibility
      The four core responsibilities of the IQI are to:
      i. monitor compliance to accreditation standards (LCME, Middle States Commission on Higher Education);

      ii. review, recommend action, and monitor evaluation and assessment data for all aspects and actions
iii. monitor and advise if the HMSOM is achieving its educational and strategic plan goals; and
iv. promote, support, and/or implement Quality Improvement (QI) projects/activities.

b. Membership
There are fifteen (15) members on the committee, fourteen of whom are voting. The Dean is non-voting except in the event of a tie. There are three (3) elected members representing different clusters who serve three-year, renewable terms. All other members are ex officio, including Dean of HMSOM; the Associate Dean of Admissions; Associate Dean of Faculty Advancement; Chief Operating Officer; Vice Dean of Academic Affairs; Senior Associate Dean of Student Affairs and Wellbeing; Senior Associate Dean of Diversity, Equity, and Inclusion; Vice Dean of Research and Graduate Studies; Director of Instructional and Curricular Design; Assistant Dean of Clinical Skills; and the Director of Institutional Effectiveness and Assessment. The Dean must approve changes in membership. The Director of Institutional Effectiveness and Assessment chairs the IQI and is a non-voting member.

A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

8. Medical Education Committee
a. Responsibility and Charge
The Medical Education Committee ("MEC") is responsible for the overall design, management, integration, evaluation, and enhancement of a coherent and coordinated medical curriculum. For any decisions that impact the mission, vision, or values of the school or have significant budgetary implications, the committee will include a request for the Dean's review and feedback. The MEC will work collaboratively with the Dean prior to a final MEC decision. The MEC is responsible for reviewing its subcommittee reports and recommendations and votes on final decisions regarding all curriculum elements.

All curricular modifications will occur via the MEC and its curricular subcommittees. Faculty members, course/clerkship directors, and students may propose changes to the curriculum. Faculty members should approach the course/clerkship directors in the relevant department, who will then initiate the appropriate procedure through the Phase 1 Curriculum Subcommittee, Phase 2 Curriculum Subcommittee, Phase 3 Subcommittee, or the MEC. Faculty can also contact the Office of Medical Education to discuss ideas and proposed changes.

The MEC and its subcommittees supervise the educational program leading to the Doctor of Medicine (MD) degree. Changes to courses or clerkships that impact the HMSOM curriculum as described below must be reviewed and approved by the MEC or its subcommittees before implementation.

i. The HMSOM has a horizontally and vertically integrated curriculum. Curricular changes at any level can impact the coherence of the curriculum and its integration. This procedure is promulgated to describe the scope of such issues, for which approval by the MEC and potentially the Dean is required.

ii. Changes in the curriculum that require MEC approval include but are not limited to: changes to the Educational Program Objectives, major modifications to a course or clerkship (e.g., changes in structure or duration of a course, or a substantial change that impacts another course, or impacts the relationship between courses).

iii. Changes that require Phase 1 and 2 Curriculum Subcommittee approval: addition, deletion, or substantial change to the content in the course or clerkship-level objectives and/or significant alterations in the instructional or evaluation methods in the course or clerkship.

b. Membership
The MEC is composed of nineteen (19) members, There are 15 voting members: seven (7) faculty members
elected by the Faculty Assembly (distributed proportionally across Departmental clusters), a medical librarian appointed by the Vice Dean for Academic Affairs, Chairs of Phase 1, Phase 2, Phase 3 subcommittees and IQI committee, three (3) student members elected by the Student Government Association (SGA) and representing the second, third and fourth academic years, and four (4) non-voting members (Vice Dean for Academic Affairs; Associate Dean of Medical Education, Senior Associate Dean of Student Affairs and Wellbeing, one (1) student member elected by the SGA representing the first academic year). In the event of a tie, the final vote goes to the Chair of the MEC.

All appointments are three-year renewable appointments, except for ex officio members. The MEC will meet monthly and at such other times as set forth in the bylaws of the MEC. Academic Department Chairs may not serve on the MEC except by virtue of other ex officio appointments.

The Chair of the MEC is initially the Dean of Medical Education. Until the HMSOM achieves full LCME accreditation and for approximately one year thereafter, the Vice Dean of Medical Education will continue as Chair and be a voting member of the MEC. After the HMSOM achieves full LCME accreditation, a faculty member will be elected from the voting members of the MEC to serve as Chair-Elect. The Chair-Elect shall serve as such for one (1) year and thereafter assume the position of Chair, at which point the Vice Dean of Education will become a non-voting member of the MEC.

The MEC’s initial membership is 16 voting members and four (4) non-voting members. One (1) year after full LCME accreditation, membership will be 15 voting members and five (5) non-voting members, with a Chair and Chair-Elect as described above. A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

All members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. The MEC will meet monthly and at such other times as set forth in the policies and procedures of the MEC.

c. Subcommittees
There are three (3) subcommittees of the MEC. The subcommittees provide regular reports, as well as any recommendations for modifications for improvement or requests for significant curricular change to the MEC.

i. Phase 1 Curriculum Subcommittee
• The Phase 1 Curriculum Subcommittee of the MEC (“Phase 1 Subcommittee”) is responsible for making recommendations to the MEC regarding the development, review, and enhancement of objectives, content, student workload, student performance, evaluations, and integration related to the Phase 1 curriculum.

• The Phase 1 Subcommittee is composed of 22 members. There are 18 voting members (seven Sciences/Skills/Reasoning [S/S/R] Course Directors, the Human Dimension Course Director, the Director of the Clinical Skills, the Health Systems Science Curricular Lead, one additional Longitudinal Curricular Lead from the Department of Medical Sciences appointed by the Dean of Medical Education, the Problem-Based Learning Director, the Phase 2 and Phase 3 Subcommittee Chairs, the Dean of Medical Education, and three student members elected by the SGA and representing the second, third, and fourth academic years). There are four non-voting members, including the Vice Dean of Academic Affairs, the Senior Associate Dean of Student Affairs and Wellbeing, the Director of Institutional Effectiveness and Assessment, and one elected student member representing the first academic year. All appointed S/S/R Co-Course Directors may attend the meeting, but only one vote per course will be available.

• The Chair of the Phase 1 subcommittee is elected from among the Phase 1 Course Directors and Curricular Leads. The Phase 1 subcommittee will meet monthly and at such other times as set forth in the bylaws of the Phase 1 subcommittee.
ii. Phase 2 Curriculum Subcommittee

- The Phase 2 Curriculum Subcommittee of the MEC (“Phase 2 Subcommittee”) is responsible for making recommendations to the MEC regarding the development, review, and enhancement of objectives, content, student workload, student performance, evaluations, and integration related to the Phase 2 curriculum.

- The Phase 2 Subcommittee is composed of 20 members. There are sixteen (16) voting members (eight (8) Clerkship Directors, the Human Dimension Course Director [or designee], Director of Clinical Skills [or designee], the Phase 1 and Phase 3 Subcommittee Chairs, the Dean of Medical Education, and three student members elected by the SGA and representing the second, third, and fourth academic years. There are four non-voting members, including the Vice Dean of Academic Affairs, the Senior Associate Dean of Student Affairs and Wellbeing, the Director of Institutional Effectiveness and Assessment, and one student member representing the first academic year. If there are co-Clerkship Directors, all appointed Directors may attend the meeting but there will be only one vote per clerkship.

- The Chair of the Phase 2 Subcommittee is elected from among the Phase 2 Clerkship Directors and is a three-year appointment. The Phase 2 Subcommittee will meet monthly and at such other times as set forth in the bylaws of the Phase 2 Subcommittee.

iii. Phase 3 Curriculum Subcommittee

- The Phase 3 Curriculum Subcommittee of the MEC (“Phase 3 Subcommittee”) is responsible for making recommendations to the MEC regarding the development, review, and enhancement of objectives, content, student workload, student performance, evaluations, and integration related to the Phase 3 curriculum.

- The Phase 3 Subcommittee is composed of 14 members. There are twelve (12) voting members (Vice Dean of Research and Graduate Studies, Vice Dean of the Academic Affairs Continuum, Senior Associate Dean of Student Affairs and Wellbeing, representatives of the Phase 1 and Phase 2 Subcommittees elected by the subcommittees, a Faculty representative of the Research Committee [elected by the Research Committee], three Faculty members elected by the Faculty Assembly and representing clinical medicine, dual-degree programs and an at-large member, two student members elected by the SGA and representing the third and fourth academic years, an appointed HMSOM graduate who previously completed the Core Curriculum in three years) and two non-voting members (Dean of Medical Education, Director of Institutional Effectiveness and Assessment).

The Chair of the Phase 3 Subcommittee is the Vice Dean of Research and Medical Sciences until such time as the Charter Class has completed this Phase. A faculty member will be elected from the voting members of the Phase 3 Subcommittee to serve as Chair-Elect. The Chair-Elect shall serve as such for one (1) year and thereafter assume the position of Chair, at which point the Vice Dean of Research and Medical Sciences will become a non-voting member of the Phase 3 Subcommittee. Thereafter, the Chair of the Phase 3 Subcommittee will be elected by the committee members. All appointments are three-year renewable appointments, except for ex officio appointments. The Phase 3 Subcommittee will meet monthly and at such other times as set forth in the bylaws of the Phase 3 Subcommittee.

9. Nominations and Elections Committee

a. Responsibility
The Nominations and Election Committee (NEC) is responsible for managing the elections of faculty members to HMSOM committees, as well as to any HMSOM offices requiring the election of HMSOM faculty members.

b. Membership
The NEC is composed of six (6) senior faculty voting members elected by the Faculty Assembly distributed proportionally across Departmental clusters. Academic Department Chairs may not serve on the Nominations and Election Committee. A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

The Chair of the NEC is elected from among the faculty members on the committee. The Chair and all members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. The NEC will meet quarterly and at such other times as set forth in the policies and procedures of the NEC.

10. Policy and Governance Committee
a. Responsibility
The Policy and Governance Committee represents the faculty for all governance and policy-making processes of the HMSOM. It represents all faculty and is charged as the primary communication venue and liaison committee between faculty and administration for all policy and governance processes within the faculty’s purview. Changes in HMSOM policies, new proposed policies, or relevant governance issues will be communicated to the Policy and Governance Committee by the Dean or other Cabinet Members. The Policy and Governance Committee will share the information in the Faculty Assembly for feedback, recommendations to the Dean and the Dean’s Cabinet, and a faculty vote as appropriate. Proposed revisions to existing policies or governance issues brought forward by the Faculty Assembly will be communicated to the Dean and the Dean’s Cabinet by the Policy and Governance Committee for their input and feedback.

b. Membership
The Policy and Governance Committee, which reports to the Dean, consists of eight (8) members, five (5) of whom are voting members, plus the Associate Dean of Faculty Advancement (ex officio, non-voting), Associate Dean of Faculty Development (ex officio, non-voting), and the Dean (ex officio, non-voting). The five (5) voting faculty members are: Chair, Faculty Assembly; Vice-Chair, Faculty Assembly; Immediate Past-Chair, Faculty Assembly; and two (2) at-large faculty members elected by the Faculty Assembly (one [1] clinical and one [1] non-clinical).

The Chair is the Immediate Past Chair of the Faculty Assembly. The Chair will serve a two-year term and all elected members will serve a three-year renewable term and be staggered to ensure continuity. Faculty completing an elected term will be eligible for re-election for a consecutive elected term. A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

c. Meetings
The Policy and Governance Committee will meet quarterly and at such other times as set forth in the policies and procedures of the Policy and Governance Committee.

11. Research Committee
a. Responsibility
The Research Committee is responsible for oversight, support, and making recommendations to the
Dean for the HMSOM research enterprise. The Research Committee responsibilities include
i. Oversight of policies and procedures related to research and associated infrastructure,
ii. Encouraging and supporting research activities among faculty and students,
iii. Assuring compliance with regulatory requirements and safety mandates,
iv. Promoting grant proposal submission,
v. Identification and support of pharmaceutical/industrial/biotechnology partnerships,
vi. Support of team-based, collaborative, interdisciplinary, and inter-professional approaches to
research and project funding,
vii. Coordination with institutional technology transfer/innovation offices to ensure intellectual
property protection, management, and development,
viii. Identification of areas of research strength and assigning of resources, and
ix. Working with HMH and the HMSOM to identify duplicative and or missing services, core
facilities, and related policies and procedures,
x. Oversight of HMHRI Research Roundup updates reflecting HMSOM contributions,
xi. Review of Dean’s Award Small Grants, Research Pilot Project proposals, Medical Student
Research Day, and other HMSOM research submissions/initiatives as appropriate,
 xii. Oversight of the HMSOM Biomedical Incubator and Student Research Training Facility,
xiii. Consultancy role in relation to the Interprofessional Research Seminar Series, Investigator
Training Lecture Series, and Global Health Seminar Series (as appropriate),
xiv. Promoting culture/appreciation of research, scholarship, and innovation across the
HMSOM,
 xv. Define research experiences for envisioned HMSOM graduate programs.

b. Membership
The Research Committee is composed of ten (10) voting members composed of six (6) faculty
members elected by the Faculty Assembly distributed proportionally across Departmental clusters,
an Institutional Research Officer appointed by the Dean of the HMSOM, and the Vice Dean for
Research and Medical Sciences, the President of Academic Research and Innovation for
Hackensack-Meridian Health Network, and one (1) member from the IHS campus with demonstrated
interest in interprofessional research appointed by the Dean of the HMSOM. Academic Department
Chairs may serve as elected committee members.

The Chair of the Research Committee is the Vice Dean of Research and Medical Sciences. All
appointments are three-year renewable appointments, except for ex officio and resident/fellow
appointments. Faculty completing an elected term will be eligible for re-election for a consecutive
elected term. The Research Committee will meet at least three (3) times per year, and at such times
as set forth in its bylaws.

A quorum of the Committee shall be 50% plus one of the voting members of the Committee.
Actionable voting items require a two-thirds consensus for affirmation.

12. Student Performance Review Committee

a. Responsibility
The Student Performance Review Committee ("SPRC") is responsible for reviewing and
discussing the academic standing of all enrolled students, including addressing deficits in
academic performance and allegations of student breaches in professional behavior.

The SPRC makes recommendations to the Dean regarding a course of action for students who
do not meet expectations in any aspect of the HMSOM curriculum, including allegations of
student breaches in professional behavior.
b. **Membership**

The SPRC is composed of fourteen (14) members; 11 voting (six [6] elected faculty members elected by the Faculty Assembly distributed proportionally across Departmental clusters and five (5) faculty members appointed by the Dean of the HMSOM distributed proportionally across Departmental clusters), and three (3) ex officio non-voting members (the Vice Dean for Academic Affairs, Senior Associate Dean of Student Affairs and Wellbeing, and Assistant Dean of Academic Progress). Phase I Course Directors and Phase II Clerkship Directors may not serve on the SPRC.

The Chair of the SPRC is appointed from among the faculty members on the committee. All members will serve a three-year renewable term and be staggered to ensure continuity. The SPRC will meet quarterly and at such other times as set forth in the policies and procedures of the SPRC Subcommittee.

A Course or Clerkship Director may not serve as a member of the SPRC and therefore may not run to be elected to membership on the SPRC. If a standing member of the SPRC is appointed to the role of course or Clerkship Director, he or she must resign from their SPRC membership.

A quorum of the Committee shall be 50% plus one of the voting members of the Committee. Actionable voting items require a two-thirds consensus for affirmation.

c. **Recusal**

A faculty member teaching in one or more courses may serve on the SPRC but must recuse him or herself from any recommendations and votes regarding a student for which they have taken an action that contributes to the adverse academic action being proposed against that student.

d. **Subcommittees**

There is one subcommittee of the SPRC, the Student Professionalism Subcommittee (“SPS”). The SPS is responsible for making recommendations to the SPRC related to student breaches of professionalism.

The SPS is composed of 11 voting members; 5 faculty appointed by the Dean, (one ethics expert, one medical science faculty, one mental health worker, one internal medicine/pediatrics/family medicine faculty member, and one other public health or medical professional); three faculty at large elected by the Faculty Assembly; and 3 student members (one from 1st, 2nd, and 3rd year classes). The chair is elected by the committee members and serves a three-year term.

The Chair of the SPS is elected from among the faculty members on the subcommittee. The Chair and all members will serve a three-year renewable term. The SPS will meet at such times as set forth in the bylaws of the SPS.