

# BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

## STANDARD OPERATING PROCEDURES

<b>Creation, Modification and Maintenance of Policies</b>	<b>SOP #: GA.001.03</b>
Effective Date	9/26/2018
Last Revision/Review	3.2.2022

### **1. Purpose**

The development and maintenance of the policies of the College shall include the review and recommendation of representatives to the Dean/Chief Academic Officer and the President. The Board of Trustees is responsible for assuring all operating policies of the College conform to laws, statutes and standards of accreditation as required by its license to provide post-secondary education. The Board of Trustees maintains final approval for all policies.

In Policy creation, stakeholders involved are charged to serve as an advisory body and to ensure that policies are thoroughly vetted, approved and disseminated according to this procedure, effectively communicated to College stakeholders, and periodically reviewed for modification and maintenance. The Responsible Policy Official identifies stakeholder involvement for the policy development.

### **Policy Format**

Each policy description will contain the following sections, in the following order, as appropriate:

#### **POLICY:**

The Policy section describes the policy, outlines any specific, policy-related procedures, and the operational steps required to conform to the policy.

#### **RESPONSIBLE POLICY OFFICIAL(S):**

The Responsible Policy Official(s) section identifies the employee who has official responsibility for the policy.

#### **DEFINITIONS (if applicable):**

The Definition section states the precise meaning of specific terminology used in the policy document.

#### **PROCEDURES:**

**If applicable, outline specific procedures related to the policy.**

#### **CROSS REFERENCE:**

Supporting documentation or forms referenced in a policy will be listed and/or linked as appropriate.

# **BURRELL COLLEGE OF OSTEOPATHIC MEDICINE**

## **STANDARD OPERATING PROCEDURES**

### **Policy Coding**

College policies will be classified within one of the following numbered categories:

1000	Mission and Governance
2000	General Administration and Leadership
3000	Finances
4000	Facilities
5000	Learning Environment
6000	Curriculum
7000	Faculty and Staff (includes Human Resources-7500's)
8000	Scholarly Activity
9000	Students (includes Financial Aid -9500's)
10000	GME
11000	Program and Student Assessment and Outcomes

### **2. Related Policy/Authority**

### **3. Faculty/Staff Responsibilities**

Dean, President, Responsible Policy Official, Office of Compliance, Executive Administrative Assistant

### **4. Definitions/Abbreviations**

Responsible Policy Official (RPO): The administrator assigned under a policy to coordinate the development, modification, review and elimination of policies and procedures within an assigned area of responsibility. The RPO acts under authority delegated from the Board of Trustees to the President and Dean/Chief Academic Officer to the RPO.

### **5. Procedural Steps**

1. A policy may be initiated by a Responsible Policy Official with the authority and responsibility for the subject area addressed within the policy.
2. Any College stakeholder may propose certain policy development or modification to a Responsible Policy Official, but are not authorized to proceed further in policy development outside of the process identified in this document. The Responsible Policy Official will supervise the development and composition of the policy, and may designate and authorize others to assist. The table below represents a matrix of Responsible Policy Officials (RPO) per policy coding.
3. In the event a College stakeholder is unable to work with the RPO for a proposed modification to the policy, the stakeholder may consult with the Office of Compliance, and if necessary the College Dean and then the College President to discuss the proposed modification.

# BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

## STANDARD OPERATING PROCEDURES

<b>Policy Coding</b>	<b>Responsible Policy Official</b>
1000-2999	Dean/President
3000-3999	CFO/VP of Administration
4000-4999	CIO/Asst. VP of Administration
5000-5999	Dean Dept. Heads of Enrollment Services/ Pre-Clinical Ed/ Clinical Ed/ Student Affairs/Library
6000-6999	Dean Dept. Heads of Pre-Clinical Ed/ Clinical Ed
7000-7999	Dean Dept. Heads of Human Resources/Faculty Affairs
8000-8999	Dean Dept. Head for Research
9000-9999	Dean Dept. Heads of Enrollment Services/ Student Affairs/ Pre-Clinical Ed/ Clinical Ed
10000	Dean Dept. Head of GME
11000	Dean/President Dept. Head of Compliance and Institutional Assessment

3. To develop a new policy, the Responsible Policy Official, working with appropriate stakeholders, creates the formatted policy document and submits a draft version for review to the Office of Compliance with a completed Policy Administration Approval Routing Form (<https://burrell.edu/faculty-staff/forms/>).
4. In developing or amending a policy, the Responsible Policy Official will confer with other College personnel who may be significantly affected by the policy, or who have relevant expertise in the subject matter. Responsible Policy Officials may consult with the President and/or the Dean/CAO, and, as permitted and necessary, the College's general counsel, at any stage in the development process and in interpreting policies that have been adopted.
5. The RPO works with the Office of Compliance to determine if Faculty Council, Staff Council, and/or Student Government Association is needed to review and/or approval.
6. Upon submission of the final draft policy to the Office of Compliance, the Office of Compliance will determine whether the draft policy has been vetted appropriately and is not in conflict with existing policies and/or procedures. In the event the policy is in conflict with existing policies and/or procedures, the draft policy will be returned to the RPO for further development.
7. Draft policies will be labeled as drafts, and circulated as such, until a final version is agreed upon and circulated for final recommendation and approval signatures. Any comments or additional recommendations for change made during the review process will require that the policy be rerouted for approval. No policy is finalized until the final level of approval.
8. Final draft policies will be forwarded to the Dean/CAO, President, and Board of Trustees for final approval. Control of documentation of approval of policy is delegated to the Executive Assistant by the President and Chief Academic Officer.
9. The Executive Assistant, or designate, ensures that the approved policy is posted on the BCOM website and retains an electronic and hard copy of the original policy document in secure locations.
10. All stakeholders will be advised timely when policies are available on the College's website by the Executive Assistant or Office of Compliance.

# **BURRELL COLLEGE OF OSTEOPATHIC MEDICINE**

## **STANDARD OPERATING PROCEDURES**

11. All policies shall be reviewed periodically and/or annually by the RPO. The RPO will assist in circulating the policy to the appropriate personnel for review, and reviewers will make changes, as necessary and appropriate, on the circulated copy, and return the form to the Responsible Policy Official; this includes policies deemed to be retired/deleted.
12. An existing policy that requires updating/revision must be accompanied with a Policy Routing Form and red-line. A working copy of the existing policy can be obtained by e-mailing the Executive Administrative Assistant. A working copy of the policy will be provided, noted as draft, dated and the name/initials of the person requesting the copy. The recommended revisions will also be "tracked" so that changes are evident to the reviewers.
13. It is the goal of this procedure that each policy proposed by a Responsible Policy Official will not remain in the review process longer than 60 days.
14. All approved policies and procedures will have an effective date deemed to be in the best interests of the College by the President and Dean/Chief Academic Officer.
15. Each policy draft will pass through a series of review steps, outlined in this document, prior to being presented for approval by Chief Academic Officer, Chief Executive Officer, and/or Board of Trustees.

### **6. Reports/Charts/Forms/Attachments/Cross References**

Policy Administration Approval Routing Form <https://bcommm.org/faculty-staff/forms/>

### **7. Maintenance**

### **8. Signature**

6.23.2020

John L. Hummer

Date

### **9. Distribution List**

Internal/External

### **10. Revision History**

Revision Date	Subsection #	Summary of Changes	New/Cancellation/Replacement? (if applicable)	Approval Date
8/28/19	2	Updated Responsible Officials to include new titles		8/28/19
6.23.2020	5	Elimination of the term Policy and Procedure Committee		6.23.2020