Administrative Review and Reappointment of Department Chairs or School of Medicine Center Directors

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Applies to:
Faculty with administrative appointments as department chair or School of Medicine center director.

Reason for Policy:
The decision to reappoint faculty holding administrative appointments as department chair or School of Medicine center director is within the purview of the Dean of the School of Medicine. The Dean may elect to require the department chair or School of Medicine center director to undergo a formal review. This policy formalizes existing guidelines, and specifies the process for that review and the criteria on which the review is based.

Definition of Terms:

Administrative Appointment – For the purposes of this policy, appointment as department chair or School of Medicine center director

Review – A process in which a committee appointed by the Dean considers the department chair’s or School of Medicine center director’s performance over the most recent appointment period and his or her strategic vision. The committee may include both internal and external reviewers.

Review criteria – The areas in which a Reviewee is evaluated. These are:
• The Reviewee’s ability to create and articulate a vision for the direction and future of the Unit.

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Review criteria – The areas in which a Reviewee is evaluated. These are:
• The Reviewee’s ability to create and articulate a vision for the direction and future of the Unit.
• The Reviewee’s leadership ability as recognized by Unit members and the institution.
• The Reviewee’s ability to guide scholarship, research, and teaching, and by supporting the efforts of all members of the unit in these same endeavors.
• Administrative capabilities including personnel management, financial management, and resource allocation and acquisition.
• Skill in faculty and staff recruitment, selection, academic advancement, retention, and development, with evidence of compliance with the University's equal opportunity and affirmative action obligations.
• In clinical departments, leadership in providing the highest-quality and compassionate patient care.
• Effectiveness as an officer of the institution who acts collaboratively and makes decisions based on sound ethics and what will bring the greatest benefits to the Unit, the school, and the overall institution.

Reviewee – The department chair or School of Medicine center director who will be or is being reviewed.

School of Medicine center – A unit created by the Dean of the School of Medicine to focus on defined areas of study, and which has been assigned institutional (i.e., non-departmental) space, has a non-department based budget, and has a director who reports to the Dean.

Self-study – A document, prepared by the chair or School of Medicine center director, or designee, in collaboration with stakeholders, that summarizes activities and progress for the appointment period being reviewed, and describes the vision for the next five years.

Unit – The area being reviewed, either an academic department or a School of Medicine center in the School of Medicine.

Policy Statement:
The Dean of the School of Medicine has the sole discretion to reappoint a department chair or School of Medicine center director to his/her administrative appointment. The Dean may determine that the holder of the administrative appointment undergo a Review at the end of the administrative appointment. The Dean may request a Review before the end of the five-year appointment period. It is the decision of the Dean whether or not to conduct a Review.

The conduct of a Review does not ensure reappointment. Reappointment is not related to additional resources for the Unit. The Dean may determine not to reappoint an individual as department chair or School of Medicine center director and may make this determination without conducting a Review.
Reappointment constitutes a new agreement with new terms, including length of appointment. Any incentives and resources shall be stated in the reappointment letter.

**Procedures:**

Approximately one year prior to the expiration of the Reviewee's appointment, the Dean, or designee, will meet with the Reviewee. If the Dean has determined there will not be a reappointment, or if the Reviewee declines to be reappointed, a succession plan will be discussed, and there will be no Review. Otherwise, there will be a discussion about the Review process, which is an opportunity to celebrate accomplishments and strengths, to identify areas where improvement is needed, and to articulate the Reviewee's vision and goals for Unit for the next five years.

If a Review is to be performed, the Dean, or designee, will meet with the Reviewee to discuss the self-study, possible review dates, candidates for serving as external reviewers, and potential internal reviewers. The Reviewee will receive a copy of this Review and Reappointment Policy. He or she will inform the Dean’s office of the person who will coordinate the self-study. It is the Reviewee’s responsibility to inform faculty and staff within his or her Unit of the upcoming Review, and to share the self-study with department members prior to its submission to the Dean’s Office.

The Dean will appoint an *ad hoc* Review Committee that usually will consist of two external reviewers with knowledge of the Reviewee’s field, and four senior faculty members from the University of Virginia. Usually this will be four members of the School of Medicine, although faculty from other schools at the University may be asked to serve on a Review Committee. Typically for clinical department chair Reviews, the CEO of the Medical Center is offered the opportunity to designate a Medical Center representative to serve on the committee. A member of the basic sciences will serve on a clinical review, and a member of a clinical department will serve on a basic science review.

The Review Committee members are asked to commit to being present for the entire period of the review, which is usually two full two days. Prior to the Review, the Dean, the senior associate dean, and the Review Committee staff member will meet with the chair of the Review Committee to discuss the committee’s charge.

The Dean’s office shall inform the Reviewee in writing of the review dates and the membership of the Review Committee. The Dean’s office shall post on the Faculty Development website the Reviewee’s name and review dates, the committee roster, the survey for requesting input about the Reviewee, and the Reviewee’s vision statement from the self-study. The Reviewee may submit an edited version of the vision statement for web publication.
The Reviewee shall submit eight copies of the self-study to the Dean’s office approximately two months before the review. It is limited to 35 pages of narrative with attachments as necessary. The self-study will contain, as appropriate:

1. Overview
   a. Mission statement
   b. Historical overview
2. Organization
   a. Organization chart(s)
   b. Personnel
      i. Faculty – name, rank, division/core
      ii. Number and type of trainees (residents, graduate students, postdoctoral candidates, fellows, etc.)
      iii. Full-time classified and health care professional staff
      iv. Statement regarding education and efforts geared toward managing conflict of interest and conflict of commitment
   c. Space (allocations; floor plans, if desired)
   d. Finances
      i. Sources of funds (five-year summary/trends)
      ii. State funds, clinical funds, Medical Center support, training grants, other
3. Unit operating principles and policies
4. Educational programs
   a. Undergraduate, graduate, professional, postdoctoral, contributions to the medical school curriculum (including teaching evaluations)
   b. Residency and fellowship programs – ACGME review, last internal review, duty hours report, program director’s report card, alumni information
   c. Continuing education; allied health; other educational initiatives
5. Research
   a. Faculty interests, thematic emphases, facilities, accomplishments, publications
   b. Funding and needs
6. Clinical services and practice
   a. Types, program growth, recruitment, statistics (include quality assurance, patient and referring physician satisfaction)
   b. Quality data on patient care for the department
7. Other service (state and national organizations, editorial boards, study sections, etc.)
8. Awards, honors, and distinctions of faculty, unit, staff
9. Vision statement for the next five years (including priorities, opportunities, threats, resources)
10. Full c.v. of Reviewee
The Review Committee shall solicit input from others with knowledge of the Reviewee’s role. The review criteria shall be included on a survey that shall be sent electronically to all faculty in the Unit, SOM deans, department chairs, and center directors, and, as appropriate, trainees (including medical students, residents, postdoctoral candidates, etc.), staff, Medical Center personnel, and other faculty throughout the University. As appropriate, the Executive Vice President and Provost or the Vice President for Research may be asked to provide input. The Reviewee shall be given an opportunity to review the names of those asked to provide feedback by survey and to provide additional names. The survey responses shall be kept confidential. The survey responses shall be available only to the Review Committee, the Review Committee staff member, and the Dean. Individuals invited to submit a survey response may request to meet in person with the Review Committee.

The Review Committee shall request that a number of individuals with knowledge of the Reviewee’s role be invited for confidential meetings with the committee during the review. Should it be necessary to interview someone prior to the review, at least two members of the Review Committee and the Review Committee staff member shall be present. The personal notes made by Review Committee members during the review shall be collected and destroyed upon the conclusion of the review. The Review Committee staff member shall take notes during each interview and Review Committee discussion. These notes are part of the permanent record. The interviews and Review Committee discussions shall not be audio- or videotaped. Interviews are confidential and the Reviewee shall not be told who is invited for a meeting, who met with the Review Committee, or who made specific statements in a meeting. The Reviewee shall not have any input into which individuals the committee decides to interview.

At the start of the Review, the Dean shall charge the Review Committee as the first item of business. The Reviewee is usually the first individual to meet with the committee and is encouraged to describe the Unit’s strategic vision. The Review Committee shall consolidate the information gathered from the written materials and the interviews into an oral summary statement that is delivered to the Dean at the conclusion of the Review.

The oral summary statement is the basis of the written report, prepared by the Review Committee chair, which includes a summary of the Reviewee’s strengths and areas for improvement by each review criterion, and the Review Committee’s recommendations of programmatic ways for the Unit to develop. After all members of the Review Committee have approved the final draft, the report shall be sent to the Dean and the Senior Associate Dean for Faculty Affairs and Faculty Development. As appropriate, the Dean will review the report with the CEO of the Medical Center and the Executive Vice President and Provost. The report is a confidential document that is given to the Reviewee and the aforementioned individuals but otherwise not distributed. One copy of the
final report and supporting materials shall be held in a confidential file in the Dean’s office.

The Dean shall meet with the Reviewee and a member of the Dean’s senior staff (usually the Senior Associate Dean for Faculty Affairs and Faculty Development) to discuss the review. The CEO of the Medical Center shall be asked to participate in the meeting when it involves the chair of a clinical department. The Reviewee shall be asked to provide the Dean with a written response to the Review, and the Reviewee shall be required to discuss the review’s recommendations for the Unit and future plans with his or her faculty and staff.

Notification

In the case of a decision to reappoint the Reviewee, the Dean shall notify the Reviewee in writing of the terms of the reappointment. In the case of a decision to not reappoint the Reviewee, the Dean shall notify the Reviewee in writing. Written notice shall be provided whether or not a Review is conducted.

Related Policies:

1.411 Administrative Appointments

1.412 Responsibilities of Department Chairs in the School of Medicine

Revision history: Implemented April 30, 2010; revised 6/30/2010, 7/19/2010; administrative updates 1/29/15

Formerly:
“Guidelines for Administrative Reappointment of Department Chairs, Center and Program Directors” implemented 7/15/1998.
Revised 11/19/2007 and renamed “Guidelines for Administrative Reappointment of Department Chairs or Center Directors”