Report of the Ad Hoc Committee of Medical School Academic Planning Council on Policy Statement for Centers and Institutes

Professor Paul M. DeLuca, Jr., Chair
Associate Dean Janet L. Greger
Associate Dean Gordon T. Ridley
Professor Paul M. Sondel
Approved by the Medical School Academic Planning Council on February 19, 1997

Prolog

Centers (read centers and institutes) serve an important and unique role in the Medical School and University mission. This uniqueness presents numerous advantages and disadvantages that require a different set of operating conditions than is usually applied to the more conventional departmental structure. This document seeks to clarify the more important aspects of this structure and to promulgate a set of guiding principles that will allow the efficient creation, administration, and discontinuance of centers. Any guidance regarding centers must reflect the considerable variability amongst center activities and missions. Hence, the guidance will include minimum specificity but careful definition of process. Before providing specific guidance, it is useful to highlight the more important and defining aspects of centers in summary form.

- The most obvious characteristic is that a center fulfills an academic mission that cannot be accommodated by a departmental structure. This generally defines a role that is too broadly configured for an existing department, that is it includes several departments, or is too focussed in mission such that the usual departmental balance of research, teaching, and service cannot be accomplished.

- Centers have a defined mission that addresses a specific academic or service goal. This is characterized by drawing on faculty resources from several departments often from different Schools and Colleges.

- As a result of this sharp focus, centers may have a finite lifetime as the issues creating the focus are resolved or evolve into new disciplines.

- The unique mission of centers requires a governance structure modified from that typical of departments. Variation in size, support, and mission exists amongst centers and governance may vary with the center. This can be especially challenging when shared governance between Schools is needed.

- While direct School or College support is often needed, the level of support is usually a much smaller fraction than that necessary for departments. Support is principally generated by extramural funding or work-for-others.
• Space requirements and utilization may vary greatly with the mission of the center. A uniform or even broadly defined codification is not easily identified.

• Faculty participation in centers will also vary greatly. This is a critical issue as participation in center activities will always compromise departmental responsibilities. Similarly, centers will often have a greater fractional component of non-faculty participation as do departments.

• Centers may have an educational component. While such activities encumber the normal approval process, the potentially rapid evolutionary pattern of center activities requires special care.

**Guidance for Creation**

Given the complex and variable nature of center activity, the process of creating a center will vary considerably. However, the Proposal for creation of the center shall embody much of the content of the *Prolog* and be in compliance with the general *Guidelines* that follow. Beyond these remarks, the *Guidelines for Establishment of Centers and Institutes*, published in 1989 by the Office of the Vice-Chancellor for Academic Affairs shall be complied with. The following outlines the general process of initiating the creation of a center located principally within the Medical School.

Creation of a center in the Medical School requires approval of the Medical School Academic Planning Council (APC). Fundamental to this process is preparation of a *Proposal*, the contents of which are discussed below. This proposal will serve as the basis by which the center operates if approved and created. Any subsequent additions or changes to the proposal document after creation requires the approval of the APC and the Dean. The initiating proposal shall be distributed at least thirty days prior to anticipated consideration by the Academic Planning Council and will serve as the basis for the decision process by the APC. The APC will either affirm the creation of the center and refer this decision to the Dean or reject the proposal. Alternatively the APC may require further information before reaching a decision.

**Table of Contents of Proposal**

1. **Mission Statement**
   This includes an explanation of the mission and how it addresses the strategic mission of the Medical School. Included shall be a delineation of why a center structure is essential to fulfill this mission, why existing departments or centers cannot fulfill the proposed mission, and what potential benefits will accrue from the center activities.

2. **Structure**
   A plan of the center structure shall be stated which elaborates on how the center will function. This shall include the various aspects of governance such as Director, Executive Committee, Advisory Board, etc. Included in this section is a discussion of the means by which
the center is evaluated for performance and importance to the Medical School’s mission. As a general guideline centers shall include a shared governance structure similar to that employed by departments. This shall include the selection of the Center Director and the Executive Committee.

3. **Director**
   A detailed description of the responsibilities of the Director shall be included. Amongst the common responsibilities are space utilization, budget preparation and compliance including extra- and intra-mural funds, center leadership, appointment of members, and all other aspects of the Director’s activities required to fulfill the Center’s mission. This will serve as the defining material for the annual review of the Director’s performance. The process of Director selection and appointment shall be described. Generally, the Director would be nominated by an advisory vote of the Executive Committee of the Center to the Dean who appoints the Director on an annual basis. This latter process shall follow that used by departments as described in FPP, namely an advisory vote of the Executive Committee is annually forwarded to the Dean or Deans who will subsequently appoint the Director. If a longer period of appointment is proposed, the re-appointment process is similar but consistent with this time-line.

4. **Membership**
   Center membership shall be explained including how faculty are appointed and how they are removed from membership. This should explicitly indicate the relationship between the center’s and departments’ contributing members. A general policy should be proposed and might include a written agreement between the center and departments. This shall deal with issues of indirect costs, equipment purchases and maintenance, as well as intellectual property. Since a center will usually acquire non-faculty, some of which may come from departments, the process for these hires shall be described.

5. **Funding**
   A financial plan shall be included that provides an anticipated three-year budget. This plan shall include the initial start-up phase as well as an estimated budget for the next three years. Since centers derive the bulk of their funding from non-School resources, a careful analysis of funding resources is essential. Some School funds may be needed and shall be clearly identified as to amount, duration, and anticipated usage. Given that School resources are limited and constant or declining, the impact on the School mission shall be considered in this section.

6. **Space**
   Space may be needed and in some cases new space created. Full delineation shall be provided including appropriate agreements if space is to be transferred from other units to the center. Planned usage of space by the center shall be consistent with the existing space utilization policy. Hence, the discussion should provide delineation of how space is assigned to center members and how the reassignment of such space is to take place. As this is a governance issue, some of this may be part of the earlier section.
7. **Inter-School Arrangements**  
   As center activities frequently encompass faculty and resources from other Schools and Colleges, these arrangements shall be presented in detail. Written agreements delineating faculty appointments, space, funding, and other aspects are included.

8. **Evaluation**  
   The proposal shall indicate a proposed evaluation process. The magnitude of this effort will be concomitant with the size and breadth of the center’s activities. Minimally an annual report of activities, similar to that provided by departments is required. Additionally, periodic review of the center’s activities will occur. At a minimum, the review process shall occur at least every five years and shall include an evaluation of a review committee including members of the Executive Committee, non-center faculty from the Medical School, and faculty from other Colleges and Schools. Members from outside the institution may be included. The Dean shall confirm the choice of members of the review committee.

9. **Elimination**  
   Centers serve a specific function that may eventually be more appropriately met by a department structure or may even no longer be needed. Hence the document should elaborate under what circumstances the center will evolve into a department structure or cease to exist. In the latter instance, how the center’s resources are to be allocated amongst existing structures shall be discussed.

### Guidelines for Center Operation

These Guidelines present the minimal aspects of the creation and operation of a center. The depth and breadth of compliance as expressed in the original *Proposal* shall be consistent with the complexity and mission of a center.

1. Centers shall be created and operated only when they meet a significant need for an interdisciplinary program of research, instruction, clinical care, or support service that cannot be provided by existing departments and centers of the Medical School. At creation the anticipated lifetime of the center shall be agreed upon. This does not preclude extension, but indicates the period of anticipated center activity. Generally, a three to five-year lifetime is expected to accomplish the unique mission of a center.

2. Centers require a critical mass of faculty number and expertise. Five faculty from at least two departments shall be needed to comprise a center. This is considered a minimal critical mass.

3. Centers shall submit annual reports to the Academic Planning Council and the Committee on Centers concerning the overall accomplishments of the center and plans for program development in the foreseeable future. These bodies will advise the Dean on the evaluation of these reports.
4. The performance of center directors will be annually reviewed by the Dean. If the center has an executive committee, this committee shall provide an advisory vote to the Dean regarding the selection/retention of the director. The Dean will annually review the performance of the center director using as a basis for the review and re-appointment the annual report, the executive committee advisory vote, and the defining Mission Statement. This review may be accomplished by the Dean directly or in conjunction with the APC.

5. Centers shall be reviewed within one year of their termination date and at periods not to exceed five-year intervals. The composition and appointment of the review committee shall be described in the initiating Proposal and shall at least consist of faculty from the center, faculty from the School, and from outside the School. Members from outside the University may be included, but shall not form a majority. The review committee shall be approved by the APC and Dean. The review report shall be submitted to the Committee on Centers, the APC and Dean for consideration. The center director and executive committee are responsible for assuring the completion of this process within six months of the termination date.

6. Continued operation of the center is decided by recommendation of the APC and the Dean.

7. The director of each center that has primary commitments within the Medical School will be a member of the Medical School Center Directors Committee. Center directors will attend and fully participate in the periodic (currently quarterly) Dean’s meeting with Department Chairs, Center Directors, and the Dean’s Advisory Council.

8. As faculty who participate in a center are appointed to one or more departments, a written agreement between the center and the departments must be prepared that defines the responsibilities of the faculty member to the two units, the mechanisms that will be used to evaluate performance of the faculty member, and the commitment of each unit with regard to salary, administrative support, research support, and research space. The complexity of this agreement shall reflect the nature of the center activity and the role of the faculty person. Since space is ultimately the responsibility of the Dean, space usage shall be approved by the Dean. Contingency plans in the event that salary support for either source is discontinued should be made at the time of appointment.

9. New faculty that will have a significant responsibility in a center may be recruited jointly by a center and one or more departments. The relationship between the new faculty, the center, and the home department(s) shall be established in writing prior to appointment.

10. Grants submitted by a faculty member may be administered either by the department or the center. In some cases, shared administration may be appropriate. Credit for extramural grants should be shared by the department and the center in proportions that are negotiated by the Center Director, the Department Chair, and the Principal Investigator. The Medical School Committee on Centers will mediate an agreement on the division of credit if negotiations between the principals are unsuccessful. The Dean and the APC will resolve any differences that remain.
11. Instructional activity is generally the purview of departments. As centers may have some instructional role, credit for faculty teaching or other professional activities will be shared between the center and the department in proportions that are negotiated by the Center Director, the Department Chair, and the faculty member. The Medical School Committee on Centers will mediate an agreement on the division of credit if negotiations between the principals are unsuccessful. Ultimate resolution rests with the Dean and the APC.

12. When a center is dissolved, the dispersion of resources, *i.e.* space, equipment, grants, faculty, etc., shall be consistent with the *Proposal* and approved by the Dean and APC six months prior to the dissolution.

**Implementation**

Subsequent to adoption of this proposal, all future centers will adhere to the above policies and any subsequent amendments. Existing centers will come into compliance by submitting a Proposal as discussed above. Adoption of the this or an amended Proposal will serve to place center administration on a common footing.
Revision History

Nov 16, 1996  Create draft document based on prior campus efforts and analysis of Medical School needs.

Dec 18, 1996  Include remarks and suggestions of APC subcommittee members.

Dec 20, 1996  Present to Medical School Center Directors.

Jan 14, 1997  Revise to reflect suggestions of Center Directors.

Jan 15, 1997  Present to APC.

Jan 30, 1997  Revise to include APC comments as well as those of the subcommittee.

Feb 10, 1997  Include suggestions of Deans Ridley and Greger and minor modifications of pmd.

Feb 19, 1997  Submitted to ACP and unanimously approved. Will be taken by Dean Farrell to Provost.