MUSC Faculty Handbook (2011 Version)

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PREAMBLE

The Board of Trustees of the Medical University of South Carolina (hereafter referred to as the "Board" and "MUSC" respectively) is the governing board of the University; however, the University administrators and the members of the Faculty of the University share responsibility for planning and implementing cooperative and constructive actions within the institutional structure under the guidance of the Board. The policies and respective rules governing the Board, the administration, and the faculty, as set forth in the Faculty Handbook, should convey the mutual trust and agreement inherent in all explicit and implied contractual agreements between these respective bodies.

The Faculty Handbook (hereafter called "the Handbook") contains the rules and regulations that govern faculty affairs and functions as part of the University Faculty Appointment Contract between the faculty member and the University. Each faculty member should be knowledgeable about the areas covered in the Handbook. (8/13/99) The signing of annual contracts that specify an individual faculty member's compensation and distribution of activity, does not negate the Handbook's status as a partial contract of employment. University Faculty Appointment contract letters will be sent out in duplicate to the faculty member, who will return a signed copy to the office of the departmental chair or other appropriate supervisor to be kept on file. All hiring officials (deans, chairs, business managers, and Human Resources Management personnel) should be aware of this procedure. (8/13/99) The Handbook’s Appendix P hyperlinks to the current universal faculty contract.

Interpreting the Handbook constitutes a faculty matter. This obliges the Faculty Senate to offer to the administration, via the Office of the Vice President for Academic Affairs and Provost, interpretations of the contents and meaning of the Faculty Handbook. Faculty interpretations, however, remain subject to approval by the Board of Trustees.
The MUSC Handbook contains a compilation of those University policies that are of major concern to the Faculty, a summary of other information considered to be of special interest to the faculty, and a collection of University governing documents. In certain instances, reference is made to sources of information not included in the body of the Handbook that are either in the corresponding section of the Appendix or linked to web addresses in the University Website. These websites and links are made part of the handbook by reference as if fully reproduced herein. HTML and PDF versions of the currently Board-approved Handbook are accessible on the MUSC Faculty Senate Website (http://www.musc.edu/facsen/), together with a working draft containing proposed revisions.

The Governance Committee of the Faculty Senate includes the Faculty Handbook among the Senate’s governing documents and reviews the handbook on an ongoing basis. Revisions of the Faculty Handbook are subject to the following procedures:

1. The Faculty and Institutional Relationships Committee will meet regularly to consider revisions suggested by the Governance Committee, the Faculty, the Vice President for Academic Affairs and Provost, or others.

2. Changes recommended by the Faculty and Institutional Relationships Committee will be evaluated by the Faculty Senate and presented to the University Faculty in writing and/or by e-mail prior to Faculty Senate approval.

3. All proposed changes must be approved by the Faculty Senate, the Vice President for Academic Affairs and Provost, the Deans' Council, the President's Council, and the Board of Trustees.

4. Changes approved or new policies adopted by the Board of Trustees will be placed in the Faculty Handbook Appendix A between editions of the handbook. When the Board of Trustees approves a new edition of the Handbook, Appendix A items move to their proper place in the Handbook with date of enactment and replace the sections they supercede.

This Handbook supersedes the MUSC Faculty Handbook of August 2007, and reflects all changes made since that time through May 19th 2011.

1. HISTORY AND MISSION

1.01 History

MUSC has the distinction of being the oldest medical institution and academic medical center in the southern United States. Since its beginning in 1824, the University has grown from a medical school to a health professional institution comprised of teaching hospitals and six colleges: alphabetically, the College of Dental Medicine, the College of Graduate Studies, the College of Health Professions, the College of Medicine, the College of Nursing, and the College of Pharmacy.

The institution was founded by the Medical Society of South Carolina, an extant Charleston medical organization, as the Medical College of South Carolina. Prior to the school's founding, medical students in this region attended schools in the North or abroad. Revolutionary medical
changes began to burden the school financially and on February 8, 1913, the State Legislature passed a bill transferring the ownership of the school to the state and committing South Carolina to the support of medical education as an important branch of its public education system. Through affiliations and special programs, MUSC coordinates the medical education activities of numerous regional hospitals and provides opportunities for its students to acquire training in various community settings.

Through the support of health professionals, teachers, and the state of South Carolina, the institution has steadily expanded its teaching and service roles. The College of Pharmacy was founded in 1881. The institution began training nurses in diploma programs in 1919, and the College of Nursing offered its first baccalaureate degree in 1965. Although the College of Graduate Studies was formally established in 1965, the first graduate degree was conferred in 1951. The College of Health Professions was established in 1966, and the College of Dental Medicine accepted its first students in 1967. The institution was granted university status in 1969. A free standing Department of Libraries and Informatics was established in 1971. In 2001, the Medical Center Hospital was reorganized into the Medical University Hospital Authority (MUHA). In 2005, MUSC and the University of South Carolina in Columbia approved the integrated administration of their Colleges of Pharmacy.

1.02 University Mission Statement

The Medical University of South Carolina is a public institution of higher learning whose purpose is to preserve and optimize human life for the citizens of South Carolina and the nation. The university provides an environment for learning and discovery through education of health care professionals and biomedical scientists, research in the health sciences and provision of comprehensive health care. The university is committed to fulfilling its responsibilities.

(1) To educate students to become caring, compassionate, ethical, and proficient health care professionals and creative biomedical scientists;
(2) To recruit and develop dedicated, scholarly teachers who inspire their students to life-long learning in the service of human health;
(3) To offer educational opportunities to graduates, faculty and staff, to other biomedical scientists and practicing health professionals, and to the public;
(4) To seek and welcome students, scholars, and staff regardless of gender, race, age, nationality, religion or disability, recognizing the benefits of diversity;
(5) To conduct research in the health sciences, advancing knowledge and encouraging new responses to health care needs;
(6) To provide excellence in patient care, in an environment that is respectful of others, adaptive to change, accountable for outcomes, and attentive to the needs of otherwise undeserved populations;
(7) To optimize the use of all resources, including the financial support from the state and revenues generated from research, clinical operations, and philanthropy;
(8) To provide leadership to the state in efforts to promote health and prevent disease;
1.03 MUSC Code of Conduct

Introduction

This Code of Conduct establishes guidelines for professional conduct by those acting on behalf of the Medical University of South Carolina, including executive officers, faculty, staff, and other individuals employed by MUSC using MUSC resources or facilities, and volunteers and representatives acting as agents of MUSC.

This Code of Conduct does not attempt to define specifically what one should and should not do, but to communicate MUSC’s expectations of proper conduct and what professional conduct MUSC values.

Conduct

Those acting on behalf of MUSC have a general duty to conduct themselves in a manner that will maintain and strengthen the public’s trust and confidence in the integrity of MUSC and take no actions incompatible with their obligations to MUSC. With regard to professional conduct, those acting on behalf of MUSC should practice:

• Integrity by maintaining an ongoing dedication to honesty and responsibility;
• Trustworthiness by acting in a reliable and dependable manner;
• Evenhandedness by treating others with impartiality;
• Respect by treating others with civility and decency;
• Stewardship by exercising custodial responsibility for MUSC academic, intellectual, financial, and material assets and resources;
• Compliance by following Federal and State laws and regulations and MUSC policies and procedures related to their duties and responsibilities;
• Confidentiality by protecting the integrity and security of MUSC information such as patient records, employees files, student records, and contract negotiation documents;
• Reporting any activity reasonably believed to violate Federal or State laws or regulations or MUSC policies or procedures.

Reporting Possible Violations

Report any activity reasonably believed in violation of any law or regulation, any MUSC policy, or any Federal or State healthcare requirement by means of the Confidential Hotline, 1-800-296-0269 (Toll-free, available 24 hours, 7 days a week).

MUSC will neither discriminate nor retaliate against any MUSC member who reports in good faith any instances of conduct that do not comply or appear not to comply with Federal or State laws and regulations or MUSC policies and procedures. A MUSC member has the right to remain anonymous, as allowed by law, and to use confidential mechanisms provided by MUSC to disclose non-compliant activity without fear of retaliation of such reports.
2. UNIVERSITY ORGANIZATION AND GOVERNANCE

2.01 Board of Trustees  

2.01a Responsibilities and Organization

The management and control of the University shall be vested in the Board to be composed as follows: The Governor (or his designee) ex-officio, twelve members to be elected by the General Assembly in joint assembly and one member to be appointed by the Governor. The Governor shall make the appointment based on merit regardless of race, color, creed or gender and shall strive to assure that the membership of the Board is representative of all citizens of the State of South Carolina.

The Board shall elect one of its members to be chairman and is authorized to elect a university president, one or more vice-presidents and a secretary, prescribe their duties and terms of office and fix their compensation. It shall elect teachers of professorial rank in the various colleges which make up and such other officers and employees as may be necessary for the proper conduct of the university and fix their compensation, fix the fees and charges of students and the rules for the government of the university.

The Board of Trustees shall also have the following powers:

(1) To make bylaws and all rules and regulations deemed expedient for the management of its affairs and its own operations not inconsistent with the Constitution and laws of this State or of the United States;

(2) To confer the appropriate degrees in medicine, dental medicine, pharmacy, nursing, other health professions, and graduate studies in related health fields upon students and such other persons as in the opinion of the Board of Trustees may be qualified to receive them.

2.01b Board Committees

In addition to such special committees as from time to time may be appointed or elected by the Board, there shall be the following standing committees:

- Education, Faculty and Student Affairs
- Research and Institutional Advancement
- Finance and Administration
- Physical Facilities

2.02 Administration

Governance of MUSC is vested in the Board. Administrative responsibility is delegated by the Board to the President and in turn to other officers deemed appropriate. The performance of each officer of University administration is evaluated by his immediate superior. Responsibilities and reporting lines for the University's administrative structure are as described below.

2.02a President

The Chief Executive Officer of the University shall be its President who shall be elected by the Board to serve at the will of the Board at a rate of remuneration specified by the Board.
The President shall have and exercise full executive powers over the University and its related operations within the framework of the policies established by the Board.

More specifically, the President shall be charged with the organization of the selection of the personnel, subject only to the limitations imposed by these bylaws. S/he shall be the medium of formal communication between the Board and the faculty and administrative organization of the University and also the official spokesperson of the University except as to matters within the special province of the Board, in which realm the Chairman of the Board shall be the official spokesman. The President, with his/her appropriate executive officers and the appropriate committees, shall prepare or receive and forward all requisite reports, budgets, and presentations to public agencies and to the Board.

2.02b Vice President for Academic Affairs and Provost

This officer is administratively responsible to the President for all academic matters. In the absence of the President of the University, s/he shall act as the Chief Executive Officer. The Vice President for Academic Affairs and Provost is responsible for the coordination of planning for education and research and shall formulate plans to implement policy approved by the President and the support units shall report to and through this officer to the President of the University. Associated duties include responsibilities for overseeing the educational and clinical activities of the MUSC affiliates (those organizations that are included as component units in MUSC's financial statements), except University Medical Associates (hereafter referred to as "UMA"), including purview over the organizations as they relate to the total program of the Medical University. The Chief Executive Officers of the MUSC affiliates, except UMA and MUHA, will report to the Vice President for Academic Affairs.

The following Associate Provosts' report to and through this officer to the President of the University:

2.02b.1 Associate Provost for Education and Student Life

Serves as Director of University educational planning with responsibility for furthering the University's educational mission and with oversight of the implementation and ongoing evaluation of the university-wide educational strategic plan. Coordinates the activities of the University Education Committee. Coordinates and administers various student programs and services. Reports directly to the Provost.

2.02b.2 Associate Provost for Institutional Research and Assessment

Has primary responsibility for designing, implementing, maintaining, and improving a university-wide system to assess the effectiveness of the University's education and training programs. Associated responsibilities include all activities related to the University's accreditation through the Southern Association of Colleges and Schools (SACS) as well as University reporting to the South Carolina Commission on Higher Education. Reports directly to the Provost.

2.02b.3 Associate Provost for Research

Has oversight of the Office of Research Administration and the Office of Research Development with responsibility for monitoring institutional extramural research funding, assuring compliance with research integrity guidelines, and coordinating research strategic planning. Reports directly to the Provost.
2.02c  Vice President for Finance and Administration

This officer is administratively responsible to the President for financial and administrative matters. S/he shall have immediate oversight of all general and financial operations of the University and responsibility for the physical facilities of the University. All financial and administrative support services of the University shall report to and through her/him to the President of the University. This officer shall be the financial advisor to the President and the Board and serve as Treasurer of the University.

2.02d  Vice President for Medical Affairs

The position of Vice President for Medical Affairs may be held jointly with the position of Dean of the College of Medicine. As Vice President, this officer shall report to the President for all clinical matters involving only the faculty of the College of Medicine as they relate to UMA. Associated duties as Vice President for Medical Affairs include responsibility for the activities of the UMA including purview over the organization as it relates to the total program of the Medical University. The Chief Executive Officer of the UMA reports to the Vice President for Medical Affairs. Also, the Vice President for Medical Affairs in collaboration with the Vice President for Operations and Executive Director of MUHA will recommend a candidate(s) for the position of Medical Director of the Medical University Hospital Authority to the President for approval. As Dean, s/he reports to the Vice President for Academic Affairs and Provost for all academic matters, both educational and research.

2.02e  Vice President for Development

This officer is administratively responsible to the President and has immediate oversight in the procurement of private funds for the development of the University's projected and long-range plans. This officer shall have the responsibility for the Office of Development, the Office of Alumni Affairs, and the Health Sciences Foundation, of which s/he may serve as vice president. This officer is also responsible for the management of the University's Board of Visitors.

2.02f  Vice President for Information Technology & Chief Information Officer

The CIO is the senior MUSC executive directly responsible for the effective planning and management of MUSC’s information resources. The CIO participates in meetings of the Vice Presidents Group (VPG) and keeps the opportunities, challenges, and issues. Reports to the President.
These directors report directly to the President.

2.02g.1 Director, Equal Employment Opportunity Affirmative Action Office

Responsible for MUSC and MUHA compliance with federal, state and local laws and regulations on nondiscrimination and affirmative action in employment. Investigates complaints involving equal employment opportunity and affirmative action. Responsible for training on Equal Employment Opportunity and Affirmative Action matters.

2.02g.2 Director of Public Relations

Strategically plans and implements initiatives building awareness of MUSC’s programs, policies, opportunities, achievements and its mission of serving all South Carolinians through education, research and patient care. The office improves relations with individual patients, the community, and the state by disseminating information through mass media, publications, video, correspondence, and the Internet.

2.02g.3 General Counsel

The General Counsel is responsible for all legal affairs of MUSC. Reviews all legal documents and matters which affect or bind the University. This officer represents the University before federal and state courts and before administrative boards and is charged with representing the University in faculty and employee grievance matters.

2.03 Collegial Organization

The Faculty of MUSC shall be organized for administrative and other purposes into colleges that correspond to areas of instruction, research and service relevant to the professions for which the University qualifies its graduates. Each college shall maintain its professional goals and objectives consistent with the University's Mission Statement, policies and standards and shall share a University responsibility subject to the jurisdiction of the Vice President for Academic Affairs and Provost.

The chief administrative and executive officer of each college is designated as Dean. A college may also have such associate and assistant deans as the dean may find to be required and as approved by the Vice President for Academic Affairs and Provost and the President.

The Colleges of the University are:

- The College of Dental Medicine
- The College of Graduate Studies
- The College of Health Professions
- The College of Medicine
- The College of Nursing
- The College of Pharmacy

In addition, there are faculty members from other areas of the University (i.e., The Department of Library Science and Informatics) who receive appointments as "non-aligned" faculty. Appendix 2.03 presents the academic organization chart.
2.03a  Academic Deans

The deans of the colleges report to the Vice President for Academic Affairs and Provost and through her/him to the President of the University. The deans are responsible for the operation of the respective college or division within the framework of policies designated by the Board; they are the presiding officers of the faculty of their respective colleges.

2.03b  Departmental Organization

Each of the colleges is organized for administration, instruction, research, and other purposes into departments corresponding to areas of instruction relevant to the profession for which the college qualifies its graduates. Each department is autonomous with respect to other departments in a college, but subject to the dean of the college concerned.

The faculty of all departments share a University responsibility and provide instruction required by the colleges, other than those in which they are administered, subject to the approval of the appropriate deans and the Vice President for Academic Affairs and Provost.

The faculty of the College of Graduate Studies primarily consists of members of the faculties of the other colleges who are elected by the Graduate Council upon nomination by the appropriate department chairman or dean.

2.03c  Departmental Chairs

Responsibility for the organization and operation of each of the various departments in the colleges rests in a chairman who is elected by the Board upon nomination by the President, following recommendation by a search committee appointed by the dean of the college concerned and following approval of such recommendation by that dean and the Vice President for Academic Affairs and Provost. A department may be organized into subdivisions as the respective chairman and dean may find necessary, subject to the approval of the Vice President for Academic Affairs and Provost and the President.

2.03d  Directors/Chairs of Other Academic Units

The directors/chairs of other academic units of the University report to the Vice President for Academic Affairs and Provost and through him/her to the President of the University.

2.03d.1  Executive Director of Enrollment Management

The Executive Director of Enrollment Management coordinates and supports student recruitment strategies among the six colleges, has general responsibility for operation of the campus tour and visitor center, for implementation of computerized applicant and student information systems, for processing all applications for admission for determination of State residency, for registration, for the creation and maintenance of student academic records, for the University Bulletin, for classroom scheduling, for graduation, and for academic reporting to the State’s Commission on Higher Education. Recognizing the importance of academic integrity, the Office of Enrollment Management provides comprehensive support to applicants, students, faculty, and staff of MUSC.

2.03d.2  Chair of the Department of Library Science and Informatics, and Director of Libraries and Learning Resource Centers

The Chair of the Department of Library Science and Informatics and the Director of Libraries and Learning Resource Centers is charged with the academic leadership of the department as
well as the development of the library's programs and services and the organization and
maintenance of the libraries' collections, resources and facilities under such governance as may
be adopted by the administration and the faculty.

2.03d.3 Director of the Division of Laboratory Animal Resources

The Director of the Division of Laboratory Animal Resources is responsible for all issues
regarding the use of laboratory animals at MUSC. The Director reports to the Vice President for
Academic Affairs and Provost, who serves as the Institutional Official for laboratory animals. In
addition, the Director serves as Chairman of Comparative Medicine, which reports to the Dean
of the College of Medicine for academic issues regarding veterinary faculty and through her/him
to the Vice President for Academic Affairs and Provost.

2.03d.4 Executive Director, South Carolina Area Health Education
Consortium (AHEC)

Responsible for contracts, services, budget and oversight of the South Carolina AHEC system.
Represents the South Carolina AHEC system at regional, state, and national meetings. Reports to
the MUSC Board of Trustees through the MUSC Vice President for Academic Affairs & Provost
and though MUSC Vice President for Medical Affairs & Dean of the College of Medicine.

2.03d.5 Director, Office of Gender Equity [http://www.musc.edu/genderequity/]

Addresses concerns of sexual harassment or gender inequity within the six colleges. Coordinates
sexual harassment prevention efforts for the academic community. Reports to the Vice President
for Academic Affairs & Provost.

2.03d.6 Executive Director of Student Programs & Director, Office of Student
Diversity.

Supervises the activities of the Offices of Student Activities (Off-Campus Housing, Intramural
Sports, Student Publications), MUSC-Gives Back, the Student Government Association,
International Programs, and Office of Student Diversity. Promotes academic excellence, and
effective student life services for all students with a focus on students from underserved and
historically bypassed groups. Works with individual students, student groups, staff, and faculty
to design and implement strategies that support students’ unique needs while fostering
community among all students. Reports to Associate Provost for Education and Student Life.

2.04 University-Wide Committees

In addition to such special committees as from time to time may be appointed or elected, there
shall be standing administrative committees. The most current list is presented in Appendix
2.04. All of these committees have faculty representation. Additional information on these
committees may be obtained from the Committee Information Office located in the Office of the
President.

3. FACULTY ORGANIZATION AND GOVERNANCE

3.01 The Faculty Body

The faculty of MUSC is composed of the President, the vice presidents, the deans, the directors
of university programs, any officers of the University who hold academic rank, and the members
of the teaching, research, service and administrative staff who hold academic rank at MUSC or
its affiliated programs. With regard to University affairs, the voting faculty shall be those
individuals holding a full-time primary academic appointment at MUSC with rank from Instructor and above.

3.02 The Faculty Senate

The Faculty Senate acts as the sole representative body for organizing and executing that business of the faculty submitted to it by members of the faculty, the administration, or the Senate itself. The Senate also advises the administration and the faculty in matters pertaining to the faculty. The Faculty Senate is organized and governed according to the Faculty Senate Constitution and By-Laws located in Appendix 3.02.

4. FACULTY RANKS AND STATUS

4.01 Regular Faculty Ranks

The following faculty ranks, as generally described below, are employed throughout MUSC. Refer to individual college/department guidelines for specific criteria regarding appointment or promotion to any of these faculty ranks.

4.01a Assistant
This rank usually requires a bachelor's degree and the ability to participate in teaching, research, and/or in some clinical service. This appointment does not carry faculty-voting privileges.

4.01b Instructor
This rank usually requires training beyond the baccalaureate degree. Demonstrated technical proficiency and experience may serve in lieu of formal training. The ability to contribute to the University's teaching programs is required.

4.01c Associate
This rank usually requires at least a non-terminal master's degree or comparable training and experience in an appropriate area.

4.01d Assistant Professor
This rank usually requires that a faculty member holds the appropriate terminal degree and possess strong potential for development as a teacher, scholar, and researcher. An Assistant Professorship may be awarded in the absence of a terminal degree to individuals who have made significant teaching, research, or service contributions and who have shown evidence of academic potential.

4.01e Associate Professor
This rank usually requires the appropriate terminal degree and exemplary service as an Assistant Professor for at least three (3) years at this university or equivalent service elsewhere. Individuals achieving this rank should have demonstrated teaching effectiveness, should have made significant contributions in the areas of research/scholarly activity and service, and should show promise of continued intellectual growth.

4.01f Professor
This is the highest academic rank at the University and usually requires an appropriate doctoral degree. For appointment at or promotion to the rank of Professor, an individual normally will have served at the rank of Associate Professor for at least four (4) years and will have
demonstrated excellence in the three areas of academic pursuit: teaching, research/scholarly activity and service. In addition, the individual should have an academic reputation extending beyond the University.

4.02 Modifiers to Faculty Ranks

Faculty members whose ranks are preceded by the modifiers visiting or adjunct, and part-time faculty with clinical or research modifiers may participate in faculty governance, but have no vote. Full-time faculty members whose ranks are preceded by the modifiers clinical or research may participate in faculty governance and may vote regarding university affairs.

4.02a Visiting

An associated faculty member whose appointment to the faculty is for a limited time and whose responsibilities are important in the regular programs of MUSC is eligible for this modified rank.

4.02b Adjunct

An associated faculty member whose responsibilities are important though not extensive in the regular programs of MUSC, whose appointment is annual or continuous, and whose activities do not ordinarily involve direct patient contact is eligible for this modified rank.

4.02c Clinical

An associated faculty member whose responsibilities are important though usually not extensive but may be full-time in the regular programs of MUSC, whose appointment is annual or continuous, and whose activities for which the appointment is made ordinarily involve direct patient contact is eligible for this modified rank.

4.02d Research

An associated faculty member whose responsibilities are important to the University, often are full-time but may be part-time, and who has few or no job obligations other than doing research, often as a member of a research team.

4.03 Special Faculty Ranks

Faculty holding special appointments does not have voting privileges.

4.03a Research Associate

An associated faculty member who holds an academic appointment, but is not assigned to a position in the progression of faculty rank may be eligible for appointment as a Research Associate.

4.04 Medical University Hospital Authority (MUHA)*

*NOTE: For clarification of subsequent narrative, the “MUHA” is referred to when describing the legal organization and/or governance of clinical care. When describing the clinical entity itself, it will be called the “MUSC MEDICAL CENTER”.

Individuals whose primary responsibility rests in one of the components of MUHA may hold a faculty appointment at a specified rank in a designated college, thereby recognizing participation in its educational programs. These joint appointments are without tenure, carry no faculty
benefits or privileges, and shall be designated by MUHA following the faculty rank [e.g. Assistant Professor of Nursing (MUHA)].

**4.05 South Carolina Area Health Education Consortium (SC AHEC)**

Faculty serving in the South Carolina Area Health Education Consortium (SC AHEC) may be recognized with appointments at MUSC. Individuals involved on a full-time basis in the educational programs of their respective hospital may be awarded full-time appointments. These appointments are without tenure. Clinical or adjunct appointments recognize associated faculty members whose responsibilities are important though not extensive in the regular programs of the respective hospital.

**4.06 University**

The Board may appoint distinguished academicians to special university-wide rank.

**4.06a Emeritus**

Definition: Emeritus is an honorary title for a faculty member retiring from active University service. This rank recognizes distinguished service to the institution. It is conferred upon a faculty member when he/she retires by the Provost upon the recommendation of the Department Chair and Dean of the respective College, following approval from the Board.

Eligibility: Emeritus status is generally reserved for regular, full-time faculty who are retiring at the rank Professor or Associate Professor and such individuals are designated as Emeritus Professor. An individual retiring at a lower rank may be granted the status of Emeritus at that rank based on the length and quality of his/her service to the institution. An administrator retiring with the rank of the Dean or above may be designated as Dean Emeritus, etc.

Procedure: The retiring Faculty member may initiate the process for obtaining Emeritus status, through a formal request to their Department Chair. The Department Chair on behalf of the retiring faculty member may also initiate this process. The Chair will make a written recommendation to the Dean of the College with documentation of the faculty member's service, usually his/her *curriculum vitae*. If the Dean concurs, the Dean forwards the recommendation to the Provost. If the Provost concurs, the Provost seeks approval from the Board. If approved, the Provost shall notify the faculty member in writing of the award of Emeritus Faculty status. If the retiring faculty member is a Department Chair, the Dean initiates the request. For administrative titles at the level of Dean or above, the next highest administrator initiates the recommendation.

Benefits: Emeritus status is conferred on the faculty member for life, subject to the same policies for termination as apply for an active tenured faculty member. The following university benefits may be made available to all present and future emeritus faculty to include at a minimum:

- MUSC ID badge reflecting Emeritus status
- Continued Access to the University library and certain computer facilities such as email and homeroom access
- Eligibility for continued membership at the Wellness Center at the regular faculty rates
- Maintenance on a mailing list to receive university related news, announcement and invitations to events as appropriate.
4.06b  Distinguished University Professor (10/12/01)

Definition: The title of Distinguished University Professor is an honorary title given to a senior level Faculty member who has had a distinguished academic career in teaching, service or research. It is conferred in writing by the Provost upon the recommendation of the Department Chair and the Dean of the College, following approval of the Board. Upon retirement, the faculty member may use the title of Distinguished University Professor Emeritus.

Eligibility: Distinguished University Professor status is generally reserved for regular, full-time senior or retiring faculty at the rank of Professor. This high honor is reserved for those faculty members who have made outstanding contributions to their professions and have achieved national and/or international recognition for their accomplishments.

Procedure: Consideration of a Faculty member for the title of Distinguished University Professor within the colleges will comply with the college level process for appointment and promotion. If the Dean approves the request within the college, the Dean forwards the recommendation to the Provost with documentation substantiating the request. If the Provost concurs, the Provost seeks approval from the Board. If approved, the Provost shall notify the faculty member in writing of the award of Distinguished University Professor. If the candidate is a Department Chair, the Dean initiates the request with consideration by the College Appointments, Promotion, and Tenure committee.

Benefits: Status as a Distinguished University Professor is conferred on the faculty member for life, subject to the same policies for termination as apply for an active tenured faculty member. The Distinguished University Professor will automatically be eligible for all the benefits conferred upon the Emeritus Faculty, if he/she is retiring from active service.

4.07  Faculty Appointment to More than One Unit

The primary appointment of a faculty member holding joint/dual appointments is confirmed by the Vice President for Academic Affairs and Provost. If a faculty member resigns his primary appointment or if his primary appointment is otherwise terminated, all dual and/or joint appointments in other departments or colleges are terminated the date the primary appointment is terminated. If a change of status is to be requested by the chair of the department in which the dual or joint appointment rests, such a request is submitted as a primary faculty appointment through the appropriate channels.

The following terms are descriptive of appointments in more than one unit of MUSC, or between MUSC and some other institution. These terms may be used with all of the above modifiers and ranks as appropriate.

4.07a  Joint

A faculty member who holds a coordinated appointment in the two or more colleges of the MUSC or between MUSC and some other institution of higher learning holds a joint appointment.
4.07b  **Dual**

A faculty member who holds an appointment between or among two or more departments within the same college holds a dual appointment.

5. **UNIVERSITY APPOINTMENT POLICIES**

All University appointments and employment decisions shall be made strictly on the basis of merit.

5.01  **Affirmative Action**

It is the policy of the Medical University of South Carolina that no discrimination on the basis of race, creed, national origin, sex, age, disability or political affiliation will exist in any area of the University. All decisions regarding recruitment, hiring, promotions, and all other terms and conditions of employment are made without discrimination on the above grounds, or on other factors which cannot lawfully be the basis for employment decisions.

The University Equal Employment Opportunity/Affirmative Action Compliance Director (EEO/AA Director), appointed by the President, coordinates and monitors implementation of the University's Affirmative Action Plan. Compliance with the plan is documented and periodic status reports are submitted to all concerned units of the University by the EEO/AA Director.

5.02  **Nepotism**

The Medical University of South Carolina prohibits nepotism in accordance with the "Ethics, Government and Campaign Reform Act of 1991", see Section 8-13-700 South Carolina Code of Laws (http://www.scstatehouse.net/code/t08c013.htm) See Appendix 5.02 for the current version of this policy.

5.03  **Employee Health Screening Policy**

The purpose of this policy is twofold: 1) to fulfill MUSC's commitment to preventive health measures, and 2) to provide for the faculty member's safety on the job as well as for the safety of those with whom the faculty member comes in contact. This is especially important in the area of patient care. Health screening examinations of all new faculty members are required. Present faculty members are required to participate in specific screening and annual updates for tuberculosis. Present faculty members will be offered immunizations or may sign immunization declinations. Any faculty member involved in an infectious disease exposure will follow normal surveillance screening procedures.

The health screening will be provided by the MUSC Employee Health Services, at the expense of MUSC. The screening will be performed prior to the faculty member reporting for duty. The screening will be arranged by the Department of Human Resources Management. Once the faculty member has been cleared to work by MUSC Employee Health Services, the new faculty member may sign up for payroll, benefits and receive a start date for work.

5.04  **MUSC Employee Health Services Screening Criteria**

All employees should obtain past immunization records for presentation at their Employee Health Services appointment. Anyone who presents at Employee Health without immunization documentation will receive all necessary vaccines and screenings on arrival prior to orientation. Appendix 5.04 presents the most current screening criteria.
5.05 Criminal Record Searches

The Medical University reserves the right to conduct criminal record searches to insure the suitability of its employees. Appendix 5.05 includes the most current University policy.

6. FACULTY APPOINTMENT, PROMOTION, AND TENURE POLICIES

Each college shall develop and publish in one document all appointments, promotions, and tenure guidelines or criteria, and establish a formal review of this document every three years. Appendix 6 presents the most current version of these documents. Each document should be explicit and the process clearly defined with input from the faculty. A formal review of each faculty member's professional progress shall be established and maintained on a three-year cycle. Such reviews should be the basis for faculty development programs. (NOTE: Appointment, Promotion, initial and post tenure review is in addition to annual performance review).

Each college shall establish an appropriate system for faculty appointment, promotion, and tenure, selecting either (1) a two-track system: Tenure Track (which may include an up-or-out rule) and Non-Tenure track or (2) the University's traditional system (one-track), or (3) other, as established by individual colleges and approved by the Board of Trustees. Implementation of the two-track system shall apply only to faculty appointed after Fall 1989. Academic titles will be the same for both tracks. Faculty may switch between tracks once upon approval by the dean of the college. A dean may appoint non-tenured faculty members for a contract period of two to three years. Faculty members on the tenure track will be afforded protected time for academic pursuits.

6.01 College/Department Faculty Appointment, Promotion and Tenure Committee

Purpose:

Each College and General Faculty Unit will have an Appointments, Promotion and Tenure (APT) Committee. In addition to reviewing initial appointments, this committee shall evaluate faculty seeking promotion, tenure and review of tenured faculty. Colleges may choose to have a subcommittee of the APT that will exclusively evaluate initial tenure and review of tenured faculty. Any subcommittee must follow the guidelines for composition. The College APT committee will be advisory to the Dean.

Composition:

The Dean may determine the composition of the committee by either appointment or election, as long as the composition of the committee meets the following guidelines. The term of membership should be three years in length for both elected and appointed members, and may be renewed once. One-third of the committee shall be appointed or elected each year.

If the College has multiple tracks (educator/clinician, educator/researcher) faculty representatives from each track should be represented on the committee.

Administrators who serve in a supervisory role to faculty members being evaluated for promotion/tenure (e.g., deans, department chairs), and thus have other avenues for input into the promotion/tenure process, shall be excluded from the College APT committee. Division heads and program directors who have already had input into an individual’s evaluation should be excluded from deliberation and voting on that individual if they are on the committee.
The committee should consist of a minimum number of six. There shall be no maximum number.

Only faculty at or above the rank, for which the individual is being considered, may vote on decisions involving promotion.

Only tenured faculty may vote on decisions involving individuals seeking tenure, or on review of tenured faculty.

If there are insufficient numbers of tenured faculty available to meet the above guidelines, non-tenured faculty may serve in their place, at the discretion of the Dean (10/2000)*.

*NOTE: For clarification, this is not meant to exclude administrative individuals who are in an advisory position to an APT Committee (e.g., Associate Dean in the College of Medicine).

6.02 Faculty Appointment

6.02a Criteria for Appointment

Each college, through its Appointments, Promotions, and Tenure Committee, shall develop and publish a set of criteria which has been approved by the President through appropriate channels, and which will be used in the appointment of new faculty members. Such criteria should reflect the specific missions of the individual colleges and should be formulated to promote faculty excellence within the institution as a whole.

6.02b Procedures for Appointment

Appointments to the faculty ordinarily are initiated by the department chair. Academic appointments at the level of department chairman or higher usually are initiated by the administrative officer of the next higher rank.

The department chair shall consult with the departmental faculty of equal or superior rank to the prospective appointee or with the departmental Appointments, Promotions, and Tenure Committee before nominations are forwarded to the dean.

Upon approval by the dean, requests for appointment shall be forwarded to the Vice President for Academic Affairs and Provost for approval. If departmental affiliation within a college is not involved, the requests shall be initiated by the appropriate dean and addressed to the Vice President for Academic Affairs and Provost. If collegial affiliation is not involved, the requests shall be initiated by the Vice President for Academic Affairs and Provost and addressed to the President. Upon such approval, recommendations for appointment shall be forwarded to the President.

Appointments to the rank of Assistant Professor without tenure and below shall be made by the President. On the recommendation of the President, appointments to any rank with tenure, and all appointments to the rank of Associate Professor or Professor shall be made by the Board.

When a faculty member holding a modified rank or special appointment is considered for a change to a regular non-modified rank, the appointment shall follow the established procedures for initial appointment.

6.02c Term of Appointment

Appointment of faculty members with respect to term is of three types:
A twelve (12) month appointment

A nine (9) month appointment

Appointment for other specified periods of time

Appointments are made on an annual basis: Twelve (12) month appointments usually begin July 1st. Appointments for time periods other than twelve (12) months span the academic year of the college of primary responsibility. The initial letter of appointment and/or contract and subsequent written notification of reappointment specifying the salary, rank, term of appointment, and tenure status, is given by the department chairman or other responsible administrative officer with the approval of the Vice President for Academic Affairs and Provost.

Term of Appointment for Non-Tenured Faculty:

Any change in term of appointment for non-tenured faculty must be based upon documented evidence of financial exigencies or impending financial exigencies or of need for program redirection to insure the viability of a department or college. Efforts to make suitable reassignments of affected personnel will be made by the responsible administrative officers should the faculty desire to retain his or her original term of appointment.

The recommendation and rationale for faculty term of appointment changes must be written by the Dean or responsible administrative officer and submitted to the Provost for approval. Following approval by the Provost, written notice of the intention to change the term of appointment of a non-tenured faculty member shall be given, to the extent that appropriated funds are available and legislation permits, as follows:

1. At least three [3] months prior to the expiration of the contract for faculty under his or her initial faculty appointment.

2. At least six [6] months prior to the expiration of the contract for faculty appointed under a second-year contract.

3. At least one [1] year prior to the expiration of the contract for faculty under a third [3rd] year or subsequent-year contract. (10/13/00)

6.03 Faculty Promotion

Promotion both recognizes achievement and acknowledges that the individual is capable of greater accomplishments and responsibilities. The policy of the University is to make promotions strictly on merit.

6.03a Criteria for Promotion

Each college, through its Appointments, Promotions and Tenure Committee, shall develop, publish, and distribute to its faculty a set of criteria which have been approved by the President through appropriate channels, and which shall be used in the consideration of promotion to the various ranks. Such criteria should reflect the specific missions of the individual colleges and should be formulated to promote faculty excellence within the institution as a whole.

6.03b Procedures for Promotion

Recommendations for promotion of a faculty member are submitted to the dean by the department chairman after consultation: 1) with those faculty members of the department or
administrative unit who are at or above the academic level to which the faculty member is seeking promotion; and/or 2) with the department or college Appointments, Promotions and Tenure Committee. In the case of department chairs or deans, the next higher administrator shall compile and forward the recommendations.

The faculty member being considered for promotion will be notified in writing by the department chair or other appropriate administrative officer of the schedule for the promotion review and will be given the opportunity to submit evidence relevant to the evaluation of his/her performance and future promise.

If the recommendation for promotion is disapproved, the faculty member shall be notified of the disapproval and the reason for it prior to the promotion deadlines.

Recommendations for promotion are considered by the dean of the appropriate college following the recommendation of his/her committee. Recommendations concerning administrative officers who hold faculty rank are submitted by the next higher administrative officer.

The dean makes formal recommendations and prepares a consolidated report for the Vice President for Academic Affairs and Provost, who makes formal recommendations to the President. The President reviews the recommendations submitted by the Vice President, renders decisions, and, when required, submits recommendations to the Board.

The dean is responsible for notifying the faculty member in writing of any action taken in regard to promotion by the Vice President for Academic Affairs and Provost or the President, and where applicable, also by the MUSC Board. The department chair notifies the faculty member in writing regarding salary for the forthcoming fiscal year.

Promotions are ordinarily made twice a year on January 1 and July 1. (5/19/2005)

6.04 Faculty Tenure

Tenure shall be the assurance of continuous appointment to a particular faculty rank, with continuation of salary commensurate with the rank, as long as duties are performed in accordance with accepted standards, subject to termination for cause, upon retirement, on account of financial exigency, or the change or abolition of institutional programs. Tenure rests in the college or department of primary appointment only. The initial letter of appointment and/or contract and annual renewals shall specify status with regard to tenure.

The following full-time faculty are not eligible for tenure: (a) faculty holding limited term appointments and (b) faculty holding modified ranks or special appointments as designated in Sections 4.02, 4.03, 4.04, and 4.05.

The tenure of a faculty member who also holds an administrative position, such as dean or department chair, extends only to the faculty position s/he holds conjointly with such an administrative position. Full-time administrators or administrative staff holding faculty rank are not tenured unless their notices of appointment or promotion specifically state that tenure is carried with the faculty rank.

The assurance of continuation of salary shall apply to compensation based on academic rank, as defined in the annual contract (Appendix P). It shall not apply to additional compensation including, but not limited to, clinical practice income, consultation fees, administrative supplements, and special payments (May 19th, 2011).
6.04a Criteria for Tenure

The faculty member must demonstrate competence and promise of long-term usefulness to the missions and programs of the University to be considered for tenure.

Each college, through its Appointments, Promotions, and Tenure Committee shall develop a set of criteria to be used in the consideration of granting tenure and which shall have received the approval, through appropriate channels, of the Board. Each committee shall also publish and distribute these criteria to its faculty. Such criteria should reflect the specific missions of the individual colleges and should be formulated to promote faculty excellence within the institution as a whole.

6.04b Procedures for Granting Tenure

(1) The department chair or her/his designee initiates and forwards a recommendation to the dean after consultation with the departmental Appointments, Promotion and Tenure Committee and, where appropriate, with students, faculty outside the department, and professional colleagues. After consideration, the college Appointments, Promotion and Tenure Committee submits its recommendation to the dean.

(2) The dean reviews recommendations and forwards approved recommendations to the Vice President for Academic Affairs and Provost, and through him/her to the University Tenure Committee. The recommendations of the University Tenure Committee are reviewed by the Vice President for Academic Affairs and Provost and approved recommendations are then forwarded to the President and the Board for final action.

(3) If the recommendation for tenure is disapproved, the faculty member shall be notified of the disapproval and the reason for it prior to the tenure deadlines.

(4) Tenure is ordinarily awarded once a year on January 1.

6.05 Post Tenure Review revised/BOT approved xx/xx/xxxx – Appendix A

Approved by Board of Trustees, December 10th, 2010

At every stage of a faculty member's career, the Division Director and/or Department Chair will review the faculty member's performance through the annual review process and reviews for promotion and tenure. Post-tenure review serves to evaluate a tenured faculty member's professional ongoing contributions and value to the University. During these reviews, efforts should be made to identify realistic long-range goals for career enhancement, evaluate the faculty member's strengths and weaknesses in performance, and, through appropriate advice and action, provide opportunities to correct any weaknesses to enable the faculty member to realize her/his full professional development. The review should be used to ensure that all tenured faculty members: (a) continue to perform at a level to achieve their long and short range career goals and (b) serve the needs of the students and the institution.

All tenured faculty members are subject to post-tenure review. There are two mechanisms of post-tenure review: a streamlined post-tenure review (described in Section 2 of this document) and a full post-tenure review (described in Section 4 of this document). A streamlined post-tenure review occurs every six years for those who have been evaluated as adequate or superior in each of the six years. The full post-tenure review occurs either every six years if a faculty
member has received an inadequate evaluation during the prior six years, or is triggered if a faculty member’s performance is deemed to be inadequate in two consecutive years. In either mechanism, the post-tenure review is reliant on the annual review.

1. **Each tenured faculty member undergoes annual reviews.** The faculty member’s annual review is integral in determining performance. The Department Chair/Division Head will use the five-point scale for annual reviews (unsatisfactory, marginal, satisfactory, very good or outstanding), but for the purposes of reporting to the Provost’s Office, overall performance will be summarized on a three-point scale (superior, adequate, inadequate). If a faculty member is rated as below satisfactory in a majority of applicable performance categories on the five-point scale, they will receive an “inadequate” overall evaluation on the three-point scale. Each year, the faculty member must be made aware of specific requirements to attain an adequate annual review so that he or she is given the chance to meet these specific requirements.

2. **If the tenured faculty member receives no ratings of inadequate, they undergo streamlined post-tenure review every sixth year.** For a tenured faculty member who has received overall ratings of adequate or superior in all annual performance evaluations in the preceding six years, the Department Chair/Division Head will send a letter to the Appointment, Promotions and Tenure (APT) Committee of the faculty member's college stating that the faculty member satisfies the requirements of a favorable post-tenure review. A copy of this letter will be sent to the faculty member under review and the College Dean, and placed in the faculty member’s personnel file. The faculty then starts a new six-year cycle.

3. **If the faculty member receives a rating of inadequate, they undergo a full post-tenure review.** There are two mechanisms that lead to a full post-tenure review: (i) If a faculty member has received an inadequate evaluation during the six-year cycle, the faculty member is subject to full post-tenure review at the end of that cycle (see (b) below), or (ii) If the faculty is rated as inadequate in two consecutive years, a full post-tenure review is triggered, which starts after the second year of the performance-improvement plan (see (c) below).

   a. **Upon the first rating of inadequate in an annual review, a Performance-Improvement Plan (PIP) is implemented.** If a tenured faculty member is rated inadequate on an annual evaluation, the Department Chair/Division Head shall meet with the faculty member to outline the steps of improvement to be taken to correct the deficiencies, to establish criteria for the satisfaction of those deficiencies and to indicate what resources are available to support the plan, as appropriate. This Performance-Improvement Plan (PIP) should be approved by the College Dean, reported to the Provost, and described in the associated annual contract. The faculty member will be given two years beyond the date of the contract to execute the plan successfully. The goal shall be restoration of adequate performance. A written summary of the meeting shall be prepared for the faculty member by the Department Chair/Division Head and copied to the College Dean, the College APT committee, and the Provost.

   b. **Upon a rating of adequate or superior in the year after a rating of inadequate on annual review, the faculty member will undergo a full post-tenure review at the end of the six-year period.** The Department Chair/Division Head shall send a letter
to the College Dean, the College APT Committee, and the Provost stating that the faculty member has received an overall rating of adequate or superior on their subsequent annual performance evaluation, noting that deficiencies have been corrected. A copy of this letter will be sent to the faculty member under review and placed in the faculty member’s personnel file. The faculty member then continues their cycle for post-tenure review, but at the end of the six years will be subject to a full post-tenure review, as described in Section 4 of this document.

(c) Upon the second rating of inadequate in an annual review, a full post-tenure review is triggered. If the Department Chair/Division Head finds that the tenured faculty member fails to make substantial progress toward meeting the performance goals that had been set in the performance-improvement plan and receives a second inadequate evaluation on the subsequent annual evaluation, the faculty member begins year 2 of the performance-improvement plan. Two consecutive inadequate evaluations is also the trigger for a full post-tenure review to be conducted at the end of year 2 of the performance-improvement plan, which is described in Section 4 of this document. If, however, the performance of the faculty has improved significantly at the end of year 2 of the performance-improvement plan, the Department Chair/Division Head may recommend that the full post-tenure review not occur until the end of the six-year period.

The process leading to full post-tenure review after two inadequate evaluations is illustrated in Figure 1.

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**Figure 1:** The full post-tenure process as triggered by two consecutive inadequate evaluations. PIP=performance improvement plan; PTR=full post-tenure review.

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(4) Full Post-Tenure Review: The full post-tenure review is initiated by the Department Chair/Division Head or supervising administrator. The Department Chair/Division Head submits a letter to the College APT Committee detailing the deficiencies of the faculty member under review with corroborating documentation. The Department Chair/Division Head must also notify the College Dean and the Provost. A copy of the letter will also be sent to the faculty member under review and placed in the faculty member’s personnel file.

The charge of the College APT Committee is to recommend for or against the removal of tenure. The College APT Committee will review the faculty member's performance based upon
written standards and criteria that are developed by the individual College APT Committees. The
criteria should reflect the specific missions of the individual Colleges and the University. Each
College APT Committee shall publish and distribute these criteria to its faculty. The basic
standard for appraisal shall be whether the faculty member under review discharges the duties
appropriately associated with her or his position as documented by annual faculty contracts and
the initial offer letter for the position, if applicable. The review must also be flexible enough to
acknowledge different expectations in different disciplines and changing expectations at different
stages of faculty careers. In reviewing a faculty member's performance, the College APT
Committee will recognize not only the diverse talents, activities and accomplishments of faculty
within that College, but also that individual faculty are expected, in consultation with their
Department Chair/Division Head, to focus their efforts in selected areas of endeavor. The
College APT Committee will also verify that an adequate environment was provided by the
Department Chair/Division Head to support the faculty member in performance of these
directives. The College APT Committee must include a tenured MUSC faculty member from
outside of the College to review the faculty member’s performance. The Department
Chair/Division Head may suggest outside reviewers to the APT Committee.

(a) For its deliberations, the College APT Committee will utilize the following:

(i) A full report on the faculty member will be prepared by the Department
Chair/Division Head, consisting of copies of the previous six years' annual performance
evaluations conducted by the Department Chair/Division Head using the
college/department/division specific faculty performance evaluation forms, and when applicable,
written summaries that document deficiencies and plan(s) of remediation, plus the Chair's letter
outlining efforts to remedy the deficiencies, supplemented by any other documents and
information that the Department Chair/Division Head wishes to submit.

(ii) The faculty member under review shall be given the opportunity to appear
before the committee and/or submit any documents that he or she wishes to be considered.
During the time in which the post-tenure review process is being conducted, the faculty member
can submit new materials relevant to the consideration as they become available. Examples of
types of documents that a faculty member may wish to submit include: evaluations of teaching
performance, documentation related to service and clinical practice, evidence of research or
scholarship and any other material regarding activities pertinent to the college’s mission.

(iii) The College APT Committee may request the submission of further
documentation in addition to that provided by the Department Chair/Division Head.

(b) After completing their review, the College APT Committee shall submit a written
report to the Department Chair/Division Head. The report, which shall be a permanent part of the
faculty member's personnel file, will contain:

(i) An appraisal of the faculty member's performance and progress, including the
perceived strengths and weaknesses.

(ii) An analysis of the faculty member's potential for further professional
development. If applicable, opportunities for development should be identified (e.g.,
encouragement of research initiatives, potential mentorships in teaching and research, or
appropriate professional development courses that could be taken).
The College APT Committee shall forward the report to the College Dean with a clear recommendation for retention of tenure when the faculty member, in the Committee’s judgment, is rated superior or adequate. A rating of inadequate by the College APT Committee shall be forwarded to the College Dean with a recommendation pertaining to tenure. The College Dean reviews the recommendation and if he or she determines the removal of tenure is warranted, forwards the recommendation to the Vice President for Academic Affairs and Provost for review and action by the University Tenure Committee. The College Dean shall provide to the faculty member, Department Chair/Division Head and College APT Committee memoranda indicating her/his action.

If the University APT Committee, after a full hearing of the case, supports the recommendation for removal of tenure, this recommendation will be forwarded to the Vice President for Academic Affairs and Provost. The faculty member then has the option to file a Grievance and Appeal Procedure, as described in the Faculty Handbook (Section 8.01). The Provost will make the final determination and, if necessary, make a recommendation to the Board of Trustees for action.

If the Provost’s decision and, if used, the Grievance and Appeal Procedure, results in the decision to remove the faculty member’s tenure, there are two possible outcomes: the faculty will continue as a non-tenured faculty or the faculty member will be subject to termination for cause under Section 7.01a (1) of the Faculty Handbook. In the event of termination for cause, the process of full post-tenure review will have fulfilled Section 7.01a(5) of the Faculty Handbook.

(5) **Policies:** The following policies are applicable to post-tenure review:

(a) The full post-tenure review process, as described in Section 4 of this policy, must be concluded within 12 months. Responsibility for adhering to this timetable rests with the Provost’s office.

(b) The outcomes of all evaluations shall be confidential; that is, confined to the appropriate college or university persons or bodies and faculty member being evaluated, and shall be released only with the written consent of the faculty member.

(c) In accordance with the review process mandated by the Faculty Handbook, the above policy and standards and criteria developed to carry out this policy should be evaluated biannually with respect to the effectiveness in supporting faculty development and redressing problems of faculty performance.

**7. FACULTY SEPARATION**

**7.01 Termination of Tenured Faculty**

7.01a Criteria for Termination of Tenured Faculty

Tenure terminates when a faculty member resigns or retires. Tenure may also be terminated for cause. Cause includes one or more of the following:

1) Neglect or refusal to perform the duties and responsibilities of the academic rank to which the faculty member is appointed, or performance below the standards generally accepted for the rank.
2) Conduct seriously prejudicial to the Medical University of South Carolina through infraction of the law, moral turpitude, or infraction of commonly accepted standards of behavior in academic and professional communities.

3) Inability to perform the usual duties because of physical or mental incapacities. Terminations for medical reasons must be based upon clear and convincing medical evidence.

4) Documented evidence of financial exigencies or need for curtailment or discontinuance of programs, departments, colleges or positions. The administration shall seek appropriate faculty input in arriving at such decisions and shall observe every effort to make suitable reassignments of displaced personnel. In such decisions, appropriate weight will be given to seniority of service. The place of any faculty member so released shall not be filled within a period of two years, unless the released faculty member has been offered reappointment and has declined or failed to respond within a specific and reasonable period of time.

5) In instances involving termination for cause, the faculty member has the right to appeal through the Faculty Grievance and Appeal Procedure (Section 8.01).

7.01b Procedures for Termination of Tenured Faculty

The President may remove a faculty member for cause at any time, including termination or removal prior to hearing. Should such action be taken, the President shall implement a full hearing pursuant to the grievance procedure within sixty (60) days of said removal. Prior to the presentation of notice of dismissal, discussions concerning mutually agreeable settlement may be held through the organized administrative structure between the faculty member and the administrative officer(s) as designated by the President. Except for summary termination or removal by the President, termination of tenure for cause, unless waived by the faculty member involved, will be preceded by the following:

1) For termination pertaining to quality of work, please refer to Section 6.05 Post Tenure Review.

This procedure serves as the initial stage of the Faculty Grievance and Appeal Procedure. Referral to the Vice President for Academic Affairs will actuate the Grievance Procedure.

2) For termination pertaining to prejudicial conduct and for precedence for rectifying the situation, the appropriate dean shall meet with the faculty member to discuss the nature of the conduct. The President may suspend the faculty member until the consequences of due process have been accomplished. A written summary of the meeting shall be provided to the faculty member who must abide by its terms. Failure of the dean to reach accord with the faculty member, or failure of the faculty member to meet the terms of the summary, shall result in the matter being referred to the Vice President for Academic Affairs and Provost.

This procedure serves as the initial stage of the Faculty Grievance and Appeal Procedure. Referral to the Vice President for Academic Affairs will actuate the Grievance Procedure.

3) For termination pertaining to incapacity, the department chair shall meet with the faculty member to document the nature and extent of the incapacity and forward a copy of the documentation to the dean, who shall refer the matter through appropriate channels to the Vice President for Academic Affairs and Provost.
This procedure serves as the initial stage of the Faculty Grievance and Appeal Procedure. Referral to the Vice President for Academic Affairs will actuate the Grievance Procedure.

4) For termination pertaining to documented evidence for abolition or discontinuance of positions or programs, the President of the University through the Vice President for Academic Affairs and Provost notifies the dean of the college concerned of such exigencies. Written notice of termination, through appropriate channels, is given to the faculty member(s) involved by the respective dean. Such notice is given at least twelve months in advance of the termination, to the extent that appropriated funds are available and legislation permits. Prior to the written termination notice, the dean and the Vice President for Academic Affairs and Provost will have made reasonable efforts to place the faculty member(s) in any existing faculty vacancies within the University, consistent with the faculty member's qualifications and area of expertise. The faculty member(s) shall have a right to a hearing under the Faculty Grievance and Appeal Procedure.

5) Until a final decision concerning termination of tenure has been reached, the appropriate dean and the Vice President for Academic Affairs and Provost, upon approval by the President, may suspend or assign the faculty member to other duties. Before suspending a faculty member, the dean shall consult with the Appointments, Promotions and Tenure Committee of his/her college. A faculty member who has been suspended will suffer no loss of salary unless his/her appointment is duly terminated, in which event the Vice President for Academic Affairs and Provost, subject to the approval of the President and the Board, will determine the date of termination. In determining the date, the Vice President for Academic Affairs and Provost may take into account the length and quality of service of the faculty member.

7.02 Non-reappointment, Termination and Dismissal of Non-Tenured Faculty Members

7.02a Non-reappointment and Termination of Non-Tenured Faculty

Unless otherwise stated by a written contract of appointment, all non-tenured faculty members are under contract for one (1) year from the date of their employment with the department. For appointments other than 12-months, the contract period shall be stated in writing at the time of appointment or employment.

State legislation (S.C. Code of Laws, as amended, Section 8-17-380) (http://www.scstatehouse.net/code/t08c017.htm) provides that non-renewal of employment contracts at the end of the contract term is not grievable by the mechanism outlined in the Code. When a decision of non-renewal of contract is reached, no reason for non-renewal need be given, but it is usually more professional and humane for the chair to discuss the reasons leading to the decision with the faculty member affected.

When a decision not to renew an appointment has first been reached, the faculty member involved will be informed of that decision by the department chair making the decision; the faculty member may be advised upon request of the reasons which contributed to that decision. The faculty member may request reconsideration by the deciding individual. If the faculty member so requests, the reasons given in explanation of the non-renewal will be confirmed in writing.
Written notice of the intention not to renew the appointment of a non-tenured faculty member shall be given, to the extent that appropriated funds are available and legislation permits, as follows:

1) At least three (3) months prior to the expiration of the most recent contract for faculty with the Medical University if the initial contract was for a one (1) year term.

2) At least six (6) months prior to the expiration of the most recent contract for faculty appointed under a second-year contract with the department. Previous service to the University to other departments or capacities is calculated for notice purposes).

3) At least one (1) year prior to the expiration of the most recent contract for faculty under a third (3rd) year or subsequent-year contract with the department.

7.02b Dismissal For Cause Before the End of a Specific Contract Period for Non-Tenured Faculty

Cause or grounds for dismissal of a non-tenured faculty member before the end of a specific contract period are the same as those set forth for revocation of tenure (see section 7.01a, Criteria for Termination of Tenured Faculty).

7.03 Resignation

Under ordinary circumstances, a faculty member is expected to fulfill his or her contractual obligations to the University. Letters of resignation requesting release from those contractual obligations prior to the end of a contract period may be accepted by the appropriate department chair or administrator if such actions are mutually acceptable. In the event the resignation is not accepted by the University, the faculty member shall complete his or her contractual service for the year in question. Faculty members who plan to leave University employment at the end of a contract period shall give sufficient notice and clear all financial and other obligations.

7.04 Retirement

Information regarding eligibility and procedures for retirement are contained in Section 13.04.

8. FACULTY GRIEVANCE AND APPEAL

The right to grieve and appeal by any member of the faculty is recognized by the administration and the Board. Presentation of grievances is made through the following procedures established by and for the faculty and approved by the administration and the Board of Trustees. (sections 8.01-8.10, effective October 3, 2008)

8.01 Faculty Grievance and Appeal Procedure

In any community of free people, even under the best of circumstances, complaints will be generated from time to time by individuals or groups who feel that a condition exists that is detrimental to their professional careers or personal well-being.

A community of academicians operates on the premise that a complaint brought by one or more of its members against another or against the institution itself is best resolved when the parties involved are encouraged to seek a just and equitable solution.

When individual efforts fail to produce a satisfactory resolution of a complaint, it behooves the greater academic community to intercede so that an equitable solution is obtained with dispatch.
Therefore, a grievance and appeal procedure is established to handle complaints that cannot be resolved in an informal way at the department or college level and which are not covered by other procedures.

Participation in a grievance procedure in any capacity, including as a griever, within the scope of such grievance proceeding is considered by the University to be within the scope of duties of a faculty member. The faculty member shall be afforded the same protection for such participation as for any other faculty duties subject to the provisions of the liability insurance policies purchased to cover liability of faculty members.

The granting or the failure to grant tenured status to teaching and research faculty, professional librarians, academic administrators and all other persons holding faculty appointments or nonrenewal of employment contracts at the end of the contract term shall not be subject for consideration by this grievance procedure (Section 8-17-380, S.C. Code of Laws 1976). Section 8.11 governs resolution of faculty appointment contract disputes.

### 8.02 Initial Stage and Grievance Procedure

A complaint concerning any condition that is felt to be detrimental to the complainant's professional development or personal well-being shall first be directed as described below:

1) Complaints against a member of the complainant's department shall be explained to the departmental chair. When the complaint is against the chair, it is lodged with the dean of the college.

2) Complaints against a member or chairman in the complainant's college, but not a member of the complainant's department, shall be lodged with the dean of the college.

3) Complaints against a member of another college shall be lodged with the dean(s) of the college(s) involved.

4) Complaints against any administrator shall be lodged with the next higher level of administration.

The person with whom the complaint is lodged shall attempt to mediate an amicable solution through his/her good offices, or to suggest another person who might more effectively mediate an amicable solution.

### 8.03 Grievance Procedure

1) In the event that the complaint is not resolved within a reasonable period of time, the complainant may submit a written request for a hearing. The proper avenue for such a request is through established channels of authority to the Vice President for Academic Affairs and Provost. Once initiated, a grievance or appeal must be afforded full due process regardless of changes in employment status.

2) The grievance or appeal shall be referred by the Vice President for Academic Affairs and Provost to a Standing University Faculty Hearing Committee consisting of three (3) faculty members recommended by the Faculty Senate, three (3) faculty members recommended by the Deans’ Council, and one (1) faculty member selected by the Vice President for Academic Affairs and Provost. The Committee may elect a chair, or may request that the Vice President for Academic Affairs and Provost designate one of the seven individuals to be chair.

Preferably, committee members will be selected from a pool of individuals representing each
College and the Library System, who have received training in mediation. Faculty Senate and Deans’ Council may nominate individuals to receive mediation training and to serve in the pool of potential Hearing Committee Members. This pool (referred to as the Standing University Faculty Hearing Committee) will be composed of two members from each college and the Library System nominated by the Faculty Senate, and up to two members from each college and the Library System nominated by the Deans’ Council. Standing University Faculty Hearing Committee members shall serve terms of up to three years, staggered such that there will be some continuity of membership from year to year.

3) The grievance or appeal shall be in writing and shall specify the condition(s) felt to be detrimental to the individual’s professional development or personal well-being and the manner in which it/they may affect the complainant adversely. The statement shall specify the reason(s) why such a condition is/are felt to be the responsibility of a person or persons named in the grievance or appeal, and it shall suggest the changes in conditions that would satisfy the complainant.

4) Upon receipt of a grievance or appeal, and in no case longer than thirty (30) days after the receipt thereof, the Vice President for Academic Affairs and Provost will convene a seven member Hearing Committee at full strength from individuals selected from the Standing University Faculty Hearing Committee pool.

8.04 Action by the Hearing Committee

1) When a grievance or appeal is referred to the Faculty Hearing Committee, the chair of the Committee shall distribute true copies of all pertinent materials to the parties involved who have not already received them and to the members of the Committee within one week of the referral.

   The Committee shall refuse to hear a grievance or appeal if it determines that:

   a) The parties have made inadequate effort to resolve the dispute by discussion and agreement or have not utilized other reasonably available avenues for relief within the division, department, college(s);

   b) The dispute is patently frivolous or plainly without merit;

   c) The relief sought is beyond the power of the University to grant;

   d) The grievance is insufficiently related to the concerns of the academic community;

   e) The dispute is within the jurisdiction of another committee or unit of the University.

2) Within twenty-one (21) days of the distribution of the materials pertinent to the grievance or appeal, the Committee shall meet and decide whether to hear the case. If the Committee decides to hear the case, it shall immediately notify the principals and shall commence hearings within another seven (7) days. As it deems appropriate, the Committee may call any witnesses and examine any documents in addition to those presented by the parties to the grievance or appeal. The Committee shall prepare and keep a transcript of its proceedings.

3) After hearing the parties to the grievance or appeal and the witnesses, the Committee shall deliberate in secret. It shall then determine to: (a) recommend an appropriate action or (b) dismiss the grievance. The chair shall send, in writing, the Committee's recommendation(s) to the parties. It shall then declare the hearing concluded.
4) The chair also shall send the Committee's recommendation(s) and rationale for it/them to the Vice President for Academic Affairs and Provost of the University for consideration and recommendation by that officer. This report shall be submitted within ten (10) days after the conclusion of the hearing.

5) In reaching the written recommendations to the Vice President for Academic Affairs and Provost, the Committee shall consider only the evidence presented at the hearing and such written and oral arguments as the Committee, in its discretion, may allow.

6) Under unusual and compelling circumstances, the Committee, with the concurrence of the Vice President for Academic Affairs and Provost, may extend any deadlines upon written notification to the parties to the grievance or appeal.

8.05 Action by the Administration of the University

Within thirty (30) days of the receipt of the Faculty Hearing Committee recommendations and rationale, the Vice President for Academic Affairs and Provost of the University, who is ordinarily appointed by the President to act on her/his behalf, shall review the record and notify the parties to the grievance or appeal and the chair of the Faculty Hearing Committee of his/her recommendation in the case. In the event that the Vice President for Academic Affairs and Provost has been a participant in the hearing of the aggrieved faculty member or for other valid reasons, the Vice President for Academic Affairs and Provost may disqualify herself/himself and request the President to appoint another designee for said review.

If the Vice President for Academic Affairs and Provost concurs in the recommendation of the Committee that is favorable to the faculty member, no further action in the matter may be taken.

If the Vice President for Academic Affairs and Provost either declines to accept a Committee recommendation that is favorable to the faculty member, or concurs in a Committee recommendation that is unfavorable to the faculty member, the faculty member may appeal to the Board for review. The appeal shall be submitted in writing to the Secretary of the Board within ten (10) days following the decision of the Vice President for Academic Affairs and Provost who ordinarily acts as the designee of the President. It shall state the decision complained of and the redress desired.

8.06 Action by the Board

The appeal shall be placed on the next regular Agenda of the Board for the consideration of the Board.

The Board in its sole discretion may grant a review, but if granted the Board shall not be required to conduct an additional hearing or hear arguments of the faculty member or counsel but may review the record of the proceedings. The Board, at its discretion, may elect to hear arguments, oral or written, by both of the principals or their representatives and may consult with the hearing Committee.

Any action taken by the Board shall be final.

8.07 Definition of Rights and Challenges in a Grievance Procedure

1) Challenge of Committee Members:

a) Upon the request of a party to a grievance, a member of the Committee may be removed from considering a case if deemed biased or in conflict of interest. If a member of the
Committee refuses to remove herself/himself when challenged for such cause, the
challenging party may appeal to the entire Committee which shall make a final
determination of the challenge. A Committee member may disqualify herself/himself.

b) If s/he so desires, each party shall have, in addition, a challenge without stated cause. A
member so challenged shall not consider the case.

2) To Present Witnesses and Supporting Materials:
Each party involved in a grievance or appeal may:
a) submit any written materials in support of his/her position;
b) present witnesses at hearings.

3) To Have an Advisor During the Hearing:
a) Each party to a grievance or appeal may be accompanied in the hearing by a non-
participating advisor of his/her choice and may consult with the advisor throughout the
hearing.
b) If any party chooses to have participating legal counsel present, written notification must
be presented to the chair of the Committee at least five (5) days before the hearing. The
chair shall then promptly notify the other parties. The Hearing Committee conducts an
internal administrative review, rather than a legal proceeding. Legal counsel may advise,
but may not participate in the hearing. The Committee chair, in consultation with
University General Counsel, may remove any advisor from the hearing should said
advisor persist in attempts to participate in the hearing [rather than to render advice to
any participant(s)].

4) To Have an Observer Attend Hearings:
At the request of any party to a grievance or appeal, or at the request of the Committee
hearing the case, a representative of a responsible professional or educational association
shall be permitted to attend hearings as an observer. The chair will determine the
qualifications and responsibility of the association.

8.08 Access to Records of Hearings:
1) A written record shall be made of the proceedings during hearings.
2) Each party to a grievance or appeal shall have access to all records of the hearing and, should
s/he request it, shall be furnished, upon payment of reasonable charges for transcription or
reproduction, a record of the proceedings. (A copy of the official record of the proceedings,
in whatever form it is made, shall satisfy this requirement.)

8.09 To Receive Expeditious Consideration:
1) The parties to any grievance or appeal have the right to expeditious consideration at all stages
of these procedures.
2) The Hearing Committee is expected to formulate its written recommendation(s) and to
communicate it/them to the parties to the grievance or appeal within ten (10) days of the
conclusion of the hearing.
8.10 Annual Report of the Chair of the Hearing Committee.
Each July the chair of the Hearing Committee shall make a summary of formal grievance and
appeal activities and statistics on cases in progress and those settled during the preceding year.
S/he shall send this report to the Chair of the Faculty Senate, to the Chair of the Deans’ Council,
and to the President of MUSC.

8.11 Faculty Appointment Contract Dispute Resolution
(effective February 13, 2009)
The Faculty Appointment Contract (FAC) clarifies an individual’s activities and responsibilities
for the upcoming academic year and links the listed activities to compensation. These contracts
are offered in good faith between the faculty member and the chair. They serve as a platform for
discussing and resolving issues that could be misinterpreted between a faculty member and the
chair. To assure collegial working relationships, the primary responsibility for resolving any
dispute concerning the FAC lies with the faculty member and the department chair / division
chief. However, some issues in a proposed FAC occasionally cannot be resolved at the
department level.
The FAC signing period begins in early June. By June 20, the Associate Provost for Integrated
Planning and Assessment will send to each college a notice asking if there are any members of
the full- or part-time faculty contesting their draft contracts. Any faculty member unwilling to
sign his/her draft FAC will be contacted by the Associate Provost for Integrated Planning and
Assessment to determine whether the faculty member wants a formal review and adjudication of
the draft contract. If the faculty member requests a review, the current FAC will be extended
with appointment rights continued until July 31, by the Vice President for Academic Affairs and
Provost or her/his designee. This should provide sufficient time for a review panel to gather facts
and hear from those involved as needed to clarify issues in dispute.
The review panel will be established by the Dean and be composed of faculty peers. The panel
will have at least three senior faculty members, excluding department chairs or division chiefs,
and may include faculty member(s) from another college. Panels are convened to review the
issues and to render an opinion to the disputants, the Dean, and to Vice President for Academic
Affairs & Provost. Each review panel member will sign a confidentiality agreement in order to
encourage the free sharing of opinions and facts. Panel members may recuse themselves for
perceived conflict of interest. The Vice President for Academic Affairs & Provost makes the
final MUSC decision regarding the FAC being offered.
Both the faculty member and the chair or division chief shall have the opportunity to meet with
the panel. The panel determines when to close fact-finding and hearing phases of the review and
to begin deliberation. Following adequate deliberation on the issues, the panel shall submit a
written recommendation to the disputants, the Dean, and the Vice President for Academic
Affairs and Provost. The Dean may mediate and resolve the dispute; however, if necessary,
upon receipt of the Dean’s comments on the Panel Report prior to July 31st, the Vice President
for Academic Affairs and Provost will provide the final written decision on the contested issue to
all parties. If a resolution has not been achieved by July 31st, the Vice President for Academic
Affairs and Provost, or designee, can grant an additional extension to facilitate the resolution.
The general grievance policy in sections 8.01-8.10 covers complaints that cannot be resolved in
an informal way at the department or college level and which are not covered by other
procedures. For FAC disputes, this policy recognizes: 1) the importance of timely resolution, and 2) faculty desire for peer review at the college level. The flow chart in Appendix 8.11 outlines this policy.

9. FACULTY DUTIES AND RESPONSIBILITIES

It is the duty of the faculty to create an environment that is conducive both to the education of skilled professionals and to the scholarly pursuits of the faculty. The University provides an environment for intellectual development, reasonable working space, and an appropriate amount of time for scholarly growth and achievement.

Subject to the approval of the Board, the faculty of each college has jurisdiction over all matters pertaining to the curriculum. The faculty has the responsibility for prescribing the curriculum, determining academic standards and teaching and examining accordingly. It has the responsibility for determining the entrance requirements, determining requirements for promotion and dismissal of students, determining the requirements for the graduation of students, recommending candidates for degrees and certificates, and enacting rules and regulations for the overall guidance of student programs.

The faculty shall serve an advisory function on the appointment, promotion or dismissal of faculty and administrators, on the distribution of funds and facilities for education, research and service; and on the acquisition of external support for research and other scholarly activities.

9.01 Academic Freedom

A member of the faculty is free to teach and to discuss in classes any aspect of a topic pertinent to the understanding of the subject matter of the course which is being taught; to act and to speak as a private citizen without institutional censorship or discipline. A member of the faculty is free to carry on research and publish the results.

9.02 Faculty Evaluation revised/BOT approved xx/xx/xxxx – Appendix A

The State of South Carolina requires that all state universities and colleges evaluate faculty performance. In order to comply with this requirement, MUSC has developed a faculty evaluation procedure which has been approved by the Division of Human Resources of the State Budget and Control Board. Each college of the University has an approved Performance Appraisal form (faculty evaluation). See Appendix 6.05 for copies of these forms. The form is completed annually for each member, and is kept in a permanent file under the purview of the dean or director. The faculty member has a right to full disclosure of the Performance Appraisal.

The faculty member is required to sign the appraisal, indicating s/he has read the evaluation form, but has the right to make written comments concerning agreement or disagreement with the evaluation.

9.03 Faculty Salary Increases

Salary increases for faculty members will be distributed as merit based increases.

When funds are designated for faculty salary increases, the amount and the procedure for allocation of these funds will be communicated to the faculty.

All funds will be distributed as merit increases, based on the approved Faculty Performance Evaluation Form, which is mentioned in section 9.02 of the University Faculty Handbook.
Should the faculty member disagree with her or his supervisor’s evaluation, s/he should make written comments on the Performance Evaluation Form before signing it.

Detail of faculty merit salary distribution based on annual evaluation:

The college/department identifies merit salary monies to be distributed to faculty. Within each college/department as a result of the annual evaluation process, each faculty member is rated in overall performance as follows: unacceptable, marginal, satisfactory, very good, outstanding. These rating categories are each assigned a weighting factor (0-Unacceptable, 0.5-Marginal, 1.0-Satisfactory, 1.5- Very Good, 2.0- Outstanding). The ratings would be summed for all faculty.

The identified merit salary monies to be distributed would be divided by this sum resulting in the dollar amount value of one unit of merit salary money. Each faculty member would receive as a merit increase the dollar amount value of one unit multiplied by the weighting factor of the overall rating of their evaluation.

**NOTE: Adjustments for equity increases are excluded from the formula.**

**NOTE: Following is an Example of the formula computation:**

A department uses the above weighting factors as follows: 0- Unacceptable, 0.5- Marginal, 1.0-Satisfactory, 1.5- Very Good, 2.0- Outstanding.

The department consists of 10 Faculty who have the following ratings on their Faculty Performance Evaluation Form: one Marginal (0.5), seven Satisfactory (1.0), one Very Good (1.5), and one Outstanding (2.0). The sum of the weighting factor for the ten faculty members is 11 (0.5 + 7.0 + 1.5 + 2.0). The department had a total of $11,000 available for merit increases. One unit of merit salary is calculated to be $1000 ($11,000/11). The faculty member rated Marginal receives a $500 increase, the faculty members rated Satisfactory receive a $1000 increase, the faculty member rated Very Good receives a $1500 increase and the faculty member rated Outstanding receives a $2000 increase. The total increase for the faculty is $11,000.

9.04 Distribution of Faculty Activity

The assignment of a faculty member's division of responsibilities between academic activities is initially specified in the letter of offer and initial contract. Review and, eventually, reevaluation of division of obligations is carried out as part of the annual evaluation, at which time the faculty member and supervisor mutually agree upon any changes in the balance of instruction/teaching, scholarly activity, administrative responsibilities, community services, and, when applicable, clinical services, in keeping with the mission of the Medical University. The faculty member and the supervisor sign the Performance Appraisal Form, on which the percent effort for various assignments/responsibilities is outlined in writing. Should an agreement not be reached, either Faculty or Chair will proceed under policies detailed in Section 8 of the Faculty Handbook.

9.05 Faculty Record Review

Faculty members shall possess the right upon written request to their department chair and/or dean, to review their personnel file and may make additional submissions or explanations of alleged errors or omissions. Such additions shall become a part of the permanent file. Nothing herein shall grant the faculty member a right to purge or remove anything in their personnel file without prior written consent of their direct supervisor and the dean of the college.
9.06 Outside Activities

Members of the faculty are expected to devote all of their normal working time to the Medical University. A faculty member may engage in outside activities, whether for compensation or not, on a limited basis, provided that such activities are in keeping with his/her professional practice agreement, competency, and development, and do not interfere with the performance of his/her assigned duties. Activities such as preparation and presentation of research results, presentation to professional groups, peer review activities, and service as members of professional or community societies are normally not considered outside activities, i.e., they are within the scope of work.

Consultant work, part-time teaching at other institutions or other temporary undertakings are allowable provided such activities have the prior written approval of the appropriate department chair and confirmation by the dean of primary appointment and the Vice President for Academic Affairs and Provost. In no instance are facilities, equipment, secretarial personnel, or supplies furnished by the Medical University to be used in the course of outside employment or activities. Employment of faculty by other state agencies or institutions must be accomplished through the procedures established by the state; remuneration is limited by law. Approval of such activity is the same as outlined above.

9.07 Political Activities

Faculty members of the Medical University may undertake civic duties and participate in community political activities and, as a general rule, hold municipal or local political offices without interference from the Medical University. However, great care should be exercised in active political campaigning in state and federal elections. Campaigning for a major state or federal government office requires a leave of absence authorized by the President of the Medical University. Any faculty member elected to major state or federal government office either must obtain a leave of absence authorized by the President or resign from the faculty.

9.08 Conflict of Interest

The faculty of the Medical University of South Carolina engages in a wide variety of external activities with public and private organizations. The Medical University endorses and subscribes to the principles of the joint statement of the American Council on Education and the American Association of University Professors, "On Preventing Conflicts of Interest in Government-Sponsored Research at Universities." With the acceptance of a full-time appointment to the faculty of the Medical University of South Carolina, the faculty makes a commitment to MUSC that such employment is full-time in the most inclusive sense. Outside obligations, financial interests, and activities in other areas are not to conflict with their commitment to the Medical University of South Carolina.

All faculty and administrative staff shall disclose any conflict of interests using the MUSC web based disclosure mechanism, see https://www.carc.musc.edu/coi. Such disclosure is made on an annual basis as defined by the MUSC/MUHA conflict of interest policy. Whenever a new conflict of interest arises or when a significant change occurs concerning an existing disclosure, a new disclosure form must be completed and submitted for review either in advance of the anticipated change in situation or within 30 days of the event.
Infraction of the letter or spirit of this policy constitutes a serious offense, which shall be responded to with appropriate action ranging from private reprimands to termination at the discretion Vice President for Academic Affairs and Provost.

The following policy, approved by the Board of Trustees on Feb. 13, 2009, governs employee financial conflicts of interest within MUSC, MUHA, and our affiliates. Various parts of the institution may have their own sub-policies, consistent with this general policy, but specific to their specific areas of activity. Clinical, research, and research start-up policies and charters appear in Appendix 9.08. A revised policy approved May 17, 2012 appears in Appendix A.

Conflict of Interest.

Medical University of South Carolina and Medical University Hospital Authority:
Conflict of Interest Policy

Persons covered by this policy:

This policy applies to all Trustees, Officers, Faculty, Administrators, and Staff, including all full-time, part-time, temporary, and contract Employees of Medical University of South Carolina (“MUSC”) and Medical University Hospital Authority (“MUHA”). Affiliates (entities which derive their not for profit status from MUSC, such as University Medical Associates, the MUSC Foundation, and the MUSC Foundation for Research Development) shall as a condition of continued business with MUSC and MUHA adopt a policy substantially similar to this Policy, adapted to accommodate those affiliate employees who are not public employees.

Preamble

1) Enhancing the public good through improved health initiatives and superior economic development is the foundation of many government policies. MUSC, as a contemporary, public research university, has a responsibility to actively participate and promote these initiatives even if conflicts of interest are more likely and many times unavoidable. Conflicts of interest, therefore, may arise from ordinary and appropriate activities as a part of assigned employment duties so the existence of a conflict should not imply wrongdoing. When conflicts of interest do arise, however, they must be recognized and disclosed, then eliminated or appropriately managed. The Board of Trustees for MUSC and MUHA has a duty to govern those State entities in a manner such that conflicts are appropriately reviewed and acted on to maintain public confidence in the integrity of our institutions.

2) This policy provides a framework for recognizing and managing employee conflicts of interest, and should minimize even the appearance of conflicts of interest. The primary goal of this policy is to prevent an employee's activities from adversely influencing MUSC or MUHA operations.

3) Particular departments and activities of MUSC or MUHA may have specific conflict of interest policies. It is intended, however, that this policy will apply to the entire MUSC enterprise, providing a framework for those specific additional policies to operate under, such that those specific policies will not supersede this policy unless approved by the Board of Trustees.

4) This policy references South Carolina Code (S.C. Code § 8-13-10 et seq.) (the “Ethics Law”), which makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. This
policy is implemented in addition to all requirements of the Ethics Law and does not supersede it. The South Carolina Ethics Law is at www.scstatehouse.net/code/t08c013.htm.

5) As MUSC conducts research funded by the Public Health Service and other federal agencies, it is required by federal law to maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F – “Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought” (http://grants.nih.gov/grants/compliance/42_CFR_50_Subpart_F.htm) as well as all other relevant policies of federal funding and oversight agencies.

A. Statement of general policy

1) MUSC/MUHA policy is that its employees conduct the affairs of MUSC/MUHA in accordance with the highest legal, ethical and moral standards.

2) MUSC/MUHA policy is that employees of MUSC/MUHA shall disclose perceived and real conflicts of interest.

3) MUSC/MUHA policy is that employees shall not use their position to secure personal financial benefits or economic interest for themselves, any member of their immediate family, any individuals or entity with whom the employee has a business relationship that renders an employee economic benefit. A perceived and/or real conflict of interest arises whenever the employee has the opportunity to influence University or Authority operations or business decisions in ways that could result in a personal financial benefit or economic gain to the employee, a member of an employee's immediate family, or individuals or entities with whom the employee has a business relationship which renders the employee economic benefit. Although certain specific examples of conflicts of interest are provided in this policy, they are meant only as illustrations, and supervisors and employees are expected to use good judgment to identify possible conflicts of interest that may adversely influence MUSC/MUHA operations, and to avoid or manage them as appropriate.

4) This policy is not intended to prohibit approved and appropriately managed economic development activities related to MUSC/MUHA generated intellectual property, including MUSC/MUHA employee involvement with startup companies, Small Business Administration (SBIR/STTR) funded research and Centers of Economic Excellence Activities. However, any such activities by MUSC/MUHA employees that make use of University or Authority property, facilities, equipment or other resources for personal benefit shall be approved as required herein, of benefit to MUSC/MUHA, and for fair value.

5) Nothing in this policy shall be construed to permit, even with disclosure, any activity that is prohibited by law.

B. Definitions

1) Conflicts of interest occur when an employee or immediate family member receives personal financial benefit or an economic interest from the employee's position in a manner that may inappropriately influence the employee's judgment, compromise the employee's ability to carry out MUSC/MUHA responsibilities or, be a detriment to MUSC/MUHA integrity.

2) Immediate family includes the employee's parents, spouse, siblings, children, stepchildren, and grandchildren.

3) Manage and managing means an affirmative action by the University or the Authority to establish parameters or conditions that minimize or eliminate the risk of the perceived or real conflict of interest.
4) **Personal financial benefit or economic benefit** is defined as anything of monetary value, including salary, commissions, fees, honoraria, gifts of more than nominal value, equity interests, interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. "Personal financial benefit" does not include:

   a) compensation or payments received from MUSC/ MUHA or any of its affiliates or the Ralph H. Johnson Department of Veterans Affairs Medical Center;
   b) payments for participation in seminars, lectures or other educational activities as long as not acting in the employee’s official capacity, or reasonable expenses for the same activities even if acting in official capacity;
   c) payments for participation in seminars, lectures or other educational activities, and reasonable expenses for the same activities as long as acting within the context of an individual’s Faculty Appointment Contract;
   d) any financial interest arising solely by means of investment in a mutual, pension, or other institutional investment fund over the management and investments of which the employee or an associated immediate family member does not exercise control; and
   e) investments in publicly traded entities as long as employee owns less than a five percent and/or less than $10,000 stake in said entity.

5) **University** means Medical University of South Carolina.

6) **Authority** means the Medical University Hospital Authority.

7) **MUSC or MUHA responsibilities** are defined as the responsibilities of an employee to perform MUSC or MUHA activities as defined by management or contract.

C. Policy provisions

1. An employee shall disclose any situation in which the employee has, or may have, a real or potential conflict of interest as defined herein. These conflicts of interest must be reported annually to the appropriate Office of Compliance. Modifications to existing disclosures or a new activity will require submittal of an additional disclosure in a timely manner. An authorized group of employees shall review the disclosure and recommend to the appropriate Vice President a suitable action plan to eliminate or manage the conflict of interest so as to ensure that MUSC or MUHA business is not improperly influenced or adversely affected. In the event that there is no reasonable way to manage a conflict of interest, then the employee may be prohibited from participating in related MUSC/ MUHA affairs until such a time as the conflict is eliminated. In other words, employees and Officers of MUSC/ MUHA have a duty to immediately disclose, manage or eliminate any real or potential conflicts of interest that are not in the best interests of the University or Authority.

   a. An employee shall disclose conflicts of interest in writing on an approved paper or digital Conflicts of Interest Disclosure Form, including a statement describing the nature and extent of the conflict, to their supervisor and to the appropriate Compliance Office. This disclosure must be completed annually, on a form designated for such purposes. A new disclosure form must be completed whenever a new conflict of interest arises or when a significant change occurs concerning an existing disclosure. See the following Web site for this disclosure form: Annual Conflict of Interest Disclosure <https://www.carc.musc.edu/coi>.

   b. If a supervisor becomes aware of a conflict of interest that an employee has not disclosed, the supervisor shall discuss the situation with the employee, require that a
written disclosure be made as provided in this policy, and inform the Office of
Compliance to anticipate the receipt of a new Disclosure Form.

c. All conflicts of interest shall be reported to the MUSC or MUHA Office of
Compliance. The Board of Trustees or its designee will retain authority to take such
action as it deems appropriate regardless of any action or inaction by an Officer of
MUSC and/or MUHA.

2. The following are examples of conflicts of interest requiring disclosure. These examples are
illustrations only and are not meant to be exclusive.

a. Employee or immediate family member has a financial interest in a business entity
with which the University or Authority does or proposes to do business, and the
employee is in a decision-making role or otherwise is in a position to influence the
University's or Authority’s business decisions regarding the business entity. Business
entity examples for which an employee disclosure is required:

i) financial services
ii) equipment services
iii) marketing services
iv) construction services
v) consulting
vi) counseling
vii) catering
viii) computer supplies
ix) programming
x) architectural services
xi) legal services
xii) grant preparation
xiii) temporary personnel services
xiv) office or laboratory supplies
xv) painting services
xvi) lawn and grounds services

b. Employee holds or assumes an executive, officer or director position in a for-profit or
not-for-profit business or entity engaged in commercial, educational, or research
activities similar to those in which the University or Authority engages.

c. Employee participates in consultation activities for a for-profit or not-for-profit
business or entity engaged in commercial, educational or research activities similar to
those of the University or Authority.

d. Employee holds or assumes an executive, officer or director position in a for-profit or
not-for-profit business or entity that does business with the University or Authority.

3. The activities listed below are prohibited unless sanctioned by an Officer of the University or
Authority. Sanctioned activities are those activities documented within an individual’s
Faculty Appointment Contract, contained within an employee’s job description or
expectations, appropriately authorized agreements, Memoranda of Understanding, or
otherwise approved by the employee’s Vice President.

a. Significant use of University or Authority property, facilities, equipment or other
resources in any manner other than as part of the employee's responsibilities, that
results in personal financial benefit or economic interest to an employee, a member of
an employee's immediate family or business with which the employee has a business relationship.

b. Using significant University or Authority property, facilities, equipment or other resources in any manner to support an entity not associated with the University or Authority unless special permission is provided in writing by an authorized Officer of MUSC or MUHA.

c. Using University or Authority stationery, letterhead, logo, or trademark in connection with outside activities, other than activities having a legitimate relationship to the performance of University or Authority business.

d. Using University or Authority facilities, resources, or the employee's position at the University for the purpose of advocating, endorsing, or marketing the sale of any goods or services, other than as part of the employee's responsibilities, without the prior approval in writing by an authorized Officer of MUSC or MUHA.

e. Using the University or Authority name, trademark or trade name for personal business or economic gain to the employee, a member of the employee's immediate family or a business with which the employee has a business relationship.

f. Using any University or Authority intellectual property data or information that is not in the public domain for personal financial benefit or economic gain to the employee or a member of the employee's immediate family, or a business which the employee has a business relationship.

g. Using any University or Authority employee for any outside activity during normal work time for which he or she is receiving compensation from the University or Authority (not applicable when employees are on a paid or unpaid leave).

h. Participating in the selection or awarding of a contract between the University or Authority and any entity with which an employee is dually employed, is seeking employment or has been offered employment.

i. Other activities may be prohibited if there is no reasonable way to manage an associated conflict of interest.

D. Employee responsibilities

1. Employees shall not engage in the prohibited activities listed above unless sanctioned in advance or in any other activity that has been prohibited following a completed review of an employee's conflict of interest disclosure.

2. Employees shall disclose a real or perceived conflict of interest as described above:
   a. As soon as the employee knows of the conflict, and then annually thereafter for as long as the conflict continues to exist;
   b. In writing on the approved Conflict of Interest Disclosure Form;
   c. To the appropriate MUSC or MUHA Office of Compliance;

3. Employees shall avoid any involvement with all related University or Authority activities and decisions until such time as the conflict of interest has been evaluated and the disclosed activity been approved.

4. If there is any question whatsoever about an activity representing a conflict of interest, then the employee should consult with an MUSC or MUHA Office of Compliance or an MUSC or MUHA Office of Legal Counsel for direction.
E. MUSC/MUHA responsibilities

1) Supervisors shall ensure that all new employees are informed of this policy.

2) Supervisors and administrators of MUSC and MUHA shall ensure that all current employees are reminded of this policy on a periodic basis.

3) The University and Authority shall develop a peer process to evaluate conflict of interest disclosures, and to review the conduct of approved Management Plans.

4) In the event that a reported conflict of interest is approved, the corresponding Office of Compliance shall ensure there is an appropriate Management Plan in place to monitor and manage the situation so that resources are used in an appropriate manner and that there is no improper influence on University or Authority decisions.

5) The Offices of Compliance shall ensure that Conflicts of Interest Disclosure forms are retained for future reference. Upon an employee's transfer from the unit or termination from the University or Authority, associated Conflict of Interest Forms shall be retained by the Offices of Compliance for a minimum of three years.

6) Supervisors shall establish and maintain a work environment that encourages employees to ask questions about real or potential conflicts of interest.

7) If supervisors have any question whatsoever about an external activity representing a conflict of interest, they should consult with an Office of Compliance or an Office of Legal Counsel.

F. Sanctions for violation

1) Violations of University or Authority policies, including the failure to avoid a prohibited activity or disclose a conflict of interest in a timely manner, will be dealt with in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

2) The Board of Trustees, as the ultimate governing body, or its designee retains authority to make a final determination of any mattered covered by this Policy.

G. South Carolina state law

1. The South Carolina Ethics Government Accountability and Campaign Reform Act (herein the “Ethics Law”) S.C. Code § 8-13-100, among other things, makes it unlawful for a public official, public member or public employee to knowingly use his official office, membership or employment to obtain economic interest for himself, a member of his immediate family, an individual with whom he is associated* or a business with whom he is associated**. This policy is implemented in addition to any requirements of the Ethics Law. Certain persons associated with the Authority or University are required to make filings with the South Carolina Ethics Commission and completion of the form attached to this policy will not satisfy that requirement.

   - Defined in the Act as: "Individual with whom he is associated" means an individual with whom the person or a member of his immediate family mutually has an interest in any business of which the person or a member of his immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class.

   - Defined in the Act as: "Business with which he is associated" means a business of which the person or a member of his immediate family is a director, an officer, owner, employee, a compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value.
thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class. Office responsible for this policy

University and Authority Compliance Offices.

Policy Review

This Policy establishes a set of conditions that may have an unanticipated impact on existing MUSC, MUHA, and affiliate policies and procedures. Given the breadth of this policy, it seems reasonable that not only may some unforeseen consequences surface but that State or federal compliance regulations may require some alterations to this Policy. A periodic review of this Policy by the Vice President for Academic Affairs and Provost, acting on behalf of the Vice Presidents, seems most appropriate. If proposed change(s) is(are) considered necessary and appropriate, a Vice President may ask the Board of Trustees to modify this Policy by approving the change(s).

For specific policies related to Research Conflict of Interest and the Charter please refer to Appendix 9.08a and b. The MUSC Faculty Start-up Ventures policies and guidelines are in Appendix 9.08c. The Charter of the MUSC Administrative and Clinical Conflict of Interest Committee can be found in Appendix 9.08b.

9.09 University Compliance Plan

The Faculty is subject to the University Compliance Plan, the most current version of which is included in Appendix 9.09.

9.10 Expert Medical Testimony

The Medical University of South Carolina neither encourages nor discourages faculty participation as witnesses in legal proceedings. All such requests or directives to serve as a witness because of professional training or position should be immediately reported to and receive the prior approval of the department chair or next higher administrator. Department chairs should file an annual report on all such witness activity with their respective deans.

It is expected that time and resources spent as a witness or consultant in legal matters be considered patient care-related and that all remuneration as set by the Medical University of South Carolina should be reimbursed to the medical practice plan.

9.11 Evaluation of Department Chairs and/or Unit Directors

A process for the annual review by the faculty for performance of chairs and/or other unit directors has been approved by the Provost. Each May, deans of all colleges send out questionnaires to full-time faculty (inclusion of part-time faculty should be addressed in the future). See Appendix 9.11 for a copy of the department chair evaluation form. Completed forms are sent anonymously to the Office of the Associate Provost for Institutional Research and Assessment where results are collated, tabulated, summarized, etc., and given to deans of the respective colleges. The Provost informs the Chair of the Faculty Senate in August that the process has been completed and deans have reviewed the data which is archived in event future reexamination becomes necessary.
9.12 Alcohol and Drug Abuse
The MUSC policy on Alcohol and Drug Abuse complies with the Federal Drug-Free Workplace Act and formalizes the procedure for dealing with an impaired employee.
See Appendix 9.12 for the most current policy.

9.13 Infectious Diseases
The Medical University of South Carolina follows the Center for Disease Control (CDC) and Occupational Safety and Health Act (OSHA) guidelines on prevention of transmission of blood-borne infectious diseases (HIV, hepatitis, syphilis, etc.) with universal precautions in use. For university-wide policies and procedures, contact the Associate Provost for Research; for those pertaining to the MUSC Medical Center, contact the Chair of the Infection Control Committee.

9.14 Sexual Harassment Policy and Procedures for MUSC Faculty
MUSC prohibits any form of sexual harassment. The offender shall be subject to disciplinary action, up to and including dismissal. This policy is in keeping with federal and state guidelines. Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct, or written, pictorial or electronic material of a sexual nature constitute sexual harassment when:

(1) Submission to such conduct is made explicitly or implicitly a term or condition of employment or advancement; or a condition of instruction; or participation in any other University activity (quid pro quo); or

(2) Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or used as a basis for evaluation in making academic or personnel decisions; or

(3) Such conduct has the purpose of effect of unreasonably interfering with an individual's performance or creating an intimidating, hostile, or offensive working environment.

In determining whether the alleged conduct constitutes sexual harassment, consideration shall be given to facts and circumstances, including the context in which the alleged incidents occurred.
(8/14/98)
See Appendix 9.14 for policy and procedures guiding a complaint evaluation for sexual harassment.

9.15 Use of the University Name or Seal or Logos
The name of this institution, the Medical University of South Carolina, and/or any imprint or reproduction of its seal and approved logos shall not be used to support or promote, through any means, a meeting, conference, activity or product which has not received the prior written approval of the Board of Trustees or its designees.

9.16 MUSC Computer Use Policy
The University recognizes its legal and social obligations to respect the privacy of the authorized users of its computing and network resources. However, users must recognize that the confidentiality of their electronic communications cannot be guaranteed by the University.
Moreover, the University reserves the right to audit or monitor any uses of its computing and networks.
network resources when necessary to ensure compliance with University policy, and with federal, state and local law.

The University network provides its authorized users with access to many classes of privileged information. Users must maintain the confidentiality and integrity of the information they access, and must not use privileged information for any purpose not explicitly authorized.

The University's computing and network resources exist to support the University's missions of teaching, research, patient care and public service. Incidental personal use of these resources by authorized users is permitted only to the extent that such use is lawful and ethical, does not conflict with the University's missions, does not interfere with other authorized users, and does not cause additional expense to the University. (10/12/01)

See Appendix 9.16 for current computer use related operating policies.

9.17 Sequestration of Documents/Records for Audits/Investigations Carried Out by the Medical University of South Carolina

On occasion, sequestration of a faculty member’s documents/records is necessary to address allegations generated within or external to the Medical University. Several things should be kept in mind: 1) the presumption of innocence of the respondent until proven otherwise; 2) sequestration will invariably disrupt the activities of the respondent and, often others at MUSC with both internal and external effects. Appropriate planning must be carried out and adequate personnel must be provided to carry out the sequestration in a manner that minimizes disruption while protecting the interests of MUSC and the rights of the respondent. (12/13/02)

See Appendix 9.17a MUSC Research Data Ownership & Record Retention and Appendix 9.17b Sequestration of Documents which govern this process.

9.18 Disaster Preparedness

The faculty are expected to be active participants in the University Disaster Preparedness Plan; Appendix 9.18 contains a link to the MUSC Disaster Toolbox which provides the latest guidelines for dealing with disaster. Appendix 9.18a provides information related to Disaster Preparedness – Research Continuity.

9.19 Copyright Protections

The Faculty is subject to the University copyright policies. See Appendix 9.19 for the most current versions.

10. FACULTY RESEARCH ACTIVITIES

10.01 Research and Sponsored Programs

The Office of Research and Sponsored Programs assists investigators and/or leaders of other sponsored programs in filing timely and complete grant or other support proposals, coordinating regulatory reviews, filing progress reports as required, and identifying potential sources of funding. It maintains liaison with federal, state, and other major research support agencies, assures compliance with MUSC, state, federal, and other agencies' policies and procedures, reviews proposals and provides administrative approval.

Faculty members are encouraged to consult the office at any time for information or advice on program development, application preparation, and grants and contracts management. Those
who are ready to make application for funds should contact the Research Office early in the process to be sure there is sufficient time to complete the required administrative review before the submission deadline.

A directory of Resources for Researchers at the Medical University of South Carolina is available on request through the Research Office or the office of the Associate Provost for Research. Directory of Research Support, which includes abstracts of research being conducted, is also available on request. In addition, updated research support data on past and ongoing grants, cooperative agreements, contracts and other mechanisms of extramural funding are available through the office of the Associate Provost for Research.

The financial management of awards is provided by the office of Grants Accounting.

10.02 Responsible Conduct of Research

The MUSC Responsible Conduct of Research policy is a key element of the overall University Compliance policies (see MUSC Webpage: research.musc.edu/compliance/home.htm as well as Appendix 10.02) and must be signed by all faculty, staff, and students of the University using research resources or facilities, or receiving research funds administered by the University, and those engaged in oversight of research facilities or funds. It was approved by the University Board of Trustees and is presented in its entirety below.

Section I. Introduction

The MUSC is committed to the highest standards of professional conduct; therefore all members of the University community are expected to adhere to the highest ethical standards of professional conduct and integrity. The values we hold among ourselves to be essential to responsible professional behavior include: honesty, trustworthiness, respect and fairness in dealing with other people, a sense of responsibility toward others and loyalty toward the ethical principles espoused by the institution. It is important that these values and the tradition of ethical behavior be consistently demonstrated and carefully maintained.

Section II. Definitions

Members of the University Community or “Members” mean faculty, staff, fellows, residents and students or any individual employed by the University using University research resources or facilities, or receiving research funds administered by the University, and those engaged in oversight of research facilities or funds.

Section III. Responsibilities

Fairness: Members of the University community have the obligation to respect, and to be fair to other members, students and persons they supervise, and to foster their intellectual and professional growth. Members must not engage in, nor permit, harassment and illegal discrimination. Members must not abuse the authority they have been given and care must be taken to ensure that any personal relationships do not result in situations that might interfere with objective judgment.

Professional Conduct: Work place and educational experiences must impart ethical standards of professional conduct through instruction and example. Members of the University community are expected to conscientiously fulfill their obligations toward students, advisees, colleagues and
perform their duties as part of the University community. Members must support intellectual freedom.

Compliance: Members of the University community are expected to understand and comply with laws and regulations related to their duties. Members are responsible for adherence to University policies and procedures and are expected to comply with State and Federal laws. The University has the obligation to provide the opportunities necessary to assure awareness.

Members are expected to see that those who report to them are informed about, understand and comply with regulations such as those for health and safety in the workplace, including the procedures to assure the ethical treatment of human subjects and animals and the use of hazardous materials. Members also have an obligation to report any noncompliance of regulations that are observed.

Authorship: In an academic environment we continually seek after knowledge and understanding and must transmit our findings faithfully. Members of the University community who create scholarly products or works of art must guarantee the originality of their work and provide credit for the ideas of others upon which their work is built. All authors on a published work are responsible for the accuracy and fairness of the presented information. It is expected that members of the University community consider individuals for inclusion as authors on work submitted for publication if they have contributed substantially intellectually to the work. Special care must be taken to clarify authorship with entry level professional persons such as graduate students, postdoctoral fellows and trainees, preferably before the work is begun. It is inappropriate for members to include individuals as authors if they contributed only peripherally to the work.

Peer Review: Any material received by members of the University community to review for funding or publication is confidential and the ideas contained therein must not be used in any other manner by the reviewer unless specifically permitted.

Data Collection and Management: Falsification, fabrication and unacknowledged appropriation of the data of others by members of the University community are unethical and prohibited. At the outset of any research project all participants are expected to discuss and agree upon data management and access and retention procedures including procedures for having participants join or leave the project. Privacy of collected data and rights to intellectual property must be protected. Student rights to data are expected to be clearly specified. All documentation necessary to reconstruct investigations is expected to be available and data are to be recorded in a timely and consistent manner.

Fiscal Responsibilities: Members of the University community must not accept money or gifts for research on behalf of the University or as part of their University activities except as prescribed by University policy. All funds provided for research must be spent in ways consistent with the funding documents and in compliance with the guidelines on allowable costs. Members in charge of budgets have an obligation to monitor records of expenditures for compliance with University policies and procedures and to allow these records to be viewed by appropriate parties. Departmental files are the property of the University.

The University has the obligation to provide up-to-date records of financial transactions.

(04/12/02)
10.03 Misconduct in Scientific Research

The principles that govern scientific research long have been established and applied in the discovery of new knowledge. The faculties and administrators at academic medical centers and teaching hospitals have a central and critical responsibility to maintain these high ethical standards. Validity and accuracy in the collection and reporting of data are intrinsically essential to the scientific process. Dishonesty in these endeavors is contrary to the very nature of research; that is, the pursuit of truth.

“Research misconduct means fabrication, falsification, or plagiarism in proposing, performing, or reviewing research, or in reporting research results.” Honest error or differences of opinion are not included in this definition. [42 CFR § 93.103]. A finding of misconduct “requires that- (a) There be a significant departure from accepted practices of the relevant research community; and (b) The misconduct be committed intentionally, knowingly, or recklessly; and (c) The allegation be proven by a preponderance of the evidence.” [42 CFR § 93.104].

Primary responsibility for the integrity of all scientific research rests with the individual researcher. The researcher accepts this responsibility with the understanding that the commission of misconduct in the research process is a major breach of contract between the researcher and the institution.

Pursuant to the Final Rule notice of 42 CFR Parts 50 and 93 Public Health Service Policies on Research Misconduct in the May 17, 2005 Federal Register effective June 16, 2005, MUSC, as the awardee or applicant "institution," has complied with the necessary assurance to the Department of Health and Human Services (HHS) that there are both policies and procedures in place, and other institutional responsibilities are consonant with 42 CFR Subpart C, § 93.300-319 of the Federal Register's Rules and Regulations.

MUSC Policies and Procedures for Responding to Allegations of Research Misconduct may be accessed at http://research.musc.edu/ori/ric/home.htm. Both the inquiry and the investigative phases, as well as administrative actions in the event of a finding of misconduct are included. Information at this Office of Research Integrity website supercedes the Faculty Handbook in the event of a discrepancy. (8/12/2005)


(Passed, Adopted by Board of Trustees May 15, 2008)

[Intellectual Property Policy 10.04-10.18 in the 2007 edition of the Faculty Handbook applies to faculty/staff who have intellectual property, conceived or first reduced to practice any invention or trade secret, prior to May 15, 2008]

10.04.1 Purpose

The purpose of this document is to delineate the policy and procedures pertaining to intellectual property created by employees, students, and visitors of the Medical University of South Carolina (“MUSC”).

10.04.2 Objective

The objective of this policy is to further MUSC’s mission by (i) providing for the necessary protections, incentives, and vehicles to encourage the discovery and development of new
knowledge for the public good; (ii) fostering of research links and collaboration with industry
and other academic institutions; and (iii) enabling advancement of economic development in
South Carolina and beyond.

10.04.3 Applicability

10.04.3.1 Employees (including faculty and staff) and Students (including trainees):

This Policy applies as a condition of appointment or employment by MUSC to every employee,
and as a condition of enrollment by every student, who during the period of their appointment,
employment, or enrollment by MUSC shall:

(a) Conceive or first reduce to practice, actually or constructively, any invention or trade
secret;

(b) Prepare a copyrightable work;

(c) Contribute substantially to the existence of any tangible result of research; or (d)
Otherwise create an item of intellectual property.

10.04.3.2 Visitors:

This Policy applies as a condition of use of University Resources (as defined below) to all
persons who are not covered under Section 3.1 above, who through their use of University
Resources shall:

(a) Conceive or first reduce to practice, actually or constructively, any invention or trade
secret;

(b) Prepare a copyrightable work;

(c) Contribute substantially to the existence of any tangible result of research; or

(d) Otherwise create an item of intellectual property.

Such persons are called “Visitors” herein. MUSC personnel allowing Visitor access to
University Resources shall ensure that the Visitor has been notified of this Policy and obtained
written consent from the Visitor, using approved forms (VISITORS consent on IP Policy -
http://frd.musc.edu/forms.html), to be bound by this Policy.

10.04.4 Definitions

10.04.4.1 “Intellectual Property” as used herein is broadly defined to include inventions,
discoveries, know-how, show-how, processes, unique materials, tangible results of research,
copyrightable works, original data, and other creative or artistic works which have potential
commercial value. Intellectual property includes that which is protectable by statute or
legislation, such as patents, copyrights, trademarks, service marks, trade secrets, mask works,
and plant variety protection certificates. It also includes the physical embodiments of intellectual
effort including, for example, models, machines, devices, designs, apparatus, instrumentation,
circuits, computer programs and visualizations, biological materials, chemicals, other
compositions of matter, plants, and records of research.

10.04.4.1.1 “Copyright” shall mean copyrightable works as defined under the laws of the United
States of America, including 17 U.S.C. 101 et seq. A computer program (defined in 17 U.S.C.
101 as: “…a set of statements or instructions to be used directly or indirectly in a computer in
order to bring about a certain result”) when licensed solely as a copyrightable work shall have the resulting Net Proceeds distributed as a “Copyright”.

10.04.4.1.2 “Patent and Other Intellectual Property (excluding Copyright)” shall mean (a) a patentable invention as defined under the laws of the United States of America including 35 U.S.C. 101 and (b) all other forms of Intellectual Property, excepting for Copyrights. This definition (of 4.1.2) includes patentable processes which can be implemented in a computer (often called “business method patents”) and methods and algorithms capable of being implemented using a computer and protectable as a trade secret. In instances where patentable processes and/or trade secrets, and copyrightable works which fix in a tangible medium a specific instance of the patentable process and/or trade secret (i.e. a computer program) are licensed out together, the resulting total Net Proceeds shall be distributed as “Patent and Other Intellectual Property (excluding Copyright)” and not distributed as a “Copyright”.

10.04.4.2 “Traditional Academic Copyrightable Works” are a subset of copyrightable works created independently and at the creator’s initiative for traditional academic purposes. Examples include manuscripts for scholarly journals, class notes, books, theses and dissertations, educational software (also known as courseware or lessonware), videos, digital video disks (dvds) containing audio, video and/or interactive simulations as well as non-interactive demonstrations, compact disks containing audio, video and/or interactive simulations, as well as non-interactive demonstrations, articles, non-fiction, fiction, poems, musical works, dramatic works including any accompanying music, pantomimes and choreographic works, pictorial, graphic and sculptural works, or other works of artistic imagination that are not created as a) an institutional initiative or b) with University Resources. Specifically excluded from this definition are software works.

10.04.4.3 "Creator" means an individual or group of individuals who create, conceive, reduce to practice, author, or otherwise make a substantive intellectual contribution to the creation of, Intellectual Property. "Creator" includes the definition of "inventor" used in U.S. patent law and the definition of "author" used in the U.S. Copyright Act. Creators may be faculty, staff, and other persons employed by MUSC whether full- or part-time; visiting faculty and researchers; and any other persons, including students, who create or discover applicable intellectual property using University resources.

10.04.4.4 “University Resources” means the material use of facilities, supplies, materials, or other resources of MUSC, with the exception of its Library collections.

10.04.4.5 "Net Proceeds" means the net amount received by MUSC or its designee in each fiscal year from the sale, licensing or other disposition of any Intellectual Property, initially owned, pursuant to this policy, in whole or in part by MUSC, after deduction of all costs reasonably attributable to the protection and distribution of such Intellectual Property, including a fifteen (15) percent 15% deduction from gross income for administration expenses of the technology transfer office (TTO), which shall be used to further the objectives and purpose of this Policy, and any reasonable expense of patent or copyright prosecution, maintenance, interference proceedings, litigation, marketing or other dissemination and licensing.

10.04.4.6 “Employees” means full-time and part-time faculty (of all ranks and status as outlined in the MUSC faculty handbook) and all levels of full-time and part-time staff.
“Students” means full-time and part-time students of all levels including those in training, such as post doctoral fellows and residents.

“Visitors” means all persons other than those covered in 4.6 and 4.7 including visiting professors, adjunct professors, teachers, researchers and volunteers.

### Disclosure Requirements

10.04.5.1 Intellectual Property is required to be disclosed, pursuant to this Policy, by the Creator to the MUSC Office of the Associate Provost for Research or its Designee, using approved forms (http://frd.musc.edu/forms.html). All disclosures are confidential. Ownership of such disclosure shall be determined pursuant to the applicable provisions of this policy.

10.04.5.2 Disclosure should be made in a timely manner upon the Creator’s recognition that Intellectual Property may have been created. Disclosure should be made prior to public presentations or publications, or other dissemination of the Intellectual Property to third parties whether public or confidential.

### Ownership

10.04.6.1 Employees (including faculty) and Staff: MUSC shall be entitled to claim ownership of Intellectual Property which is made in the field in which the employee or staff Creator is engaged by MUSC or made with the use of University Resources. The employee or staff Creator shall share in any proceeds derived there from in accordance with this policy and subject to any preexisting commitments to outside sponsoring agencies.

10.04.6.2 Students (including trainees): Intellectual Property created by student Creators shall be owned by the student Creator unless the Intellectual Property is created, conceived or reduced to practice (a) during the course of research conducted at MUSC; (b) through the use of University Resources; (c) in conjunction with one or more persons who are otherwise obligated to assign their rights in such Intellectual Property to MUSC under this policy; or (d) under terms of an MUSC contract with a third party which provide for other disposition of the Intellectual Property. For Intellectual Property of categories (a) through (d), MUSC shall be entitled to claim ownership, and the student Creator shall share in any proceeds derived there from in accordance with this policy and subject to any preexisting commitments to outside sponsoring agencies.

10.04.6.3 Visitors: MUSC shall be entitled to claim ownership of Intellectual Property created by Visitors through the use of University Resources. The Visitor shall share in any proceeds derived there from in accordance with this policy and subject to any preexisting commitments to outside sponsoring agencies.

### Copyright

10.04.6.4.1 Copyrightable works that MUSC is entitled to claim ownership to under this policy shall be treated as works for hire.

10.04.6.4.2 Unless subject to any of the exceptions specified in Section 6.4.3, Creators shall retain all rights to Traditional Academic Copyrightable Works and are free to submit such for publication and execute assignment documents in their own name.

10.04.6.4.3 MUSC shall own Traditional Academic Copyrightable Works as follows:

(a) Works created pursuant to the terms of an MUSC agreement with an external party;
(b) Works created as a specific requirement of employment or as an assigned university duty that may be specified, for example, in a written job description or an employment agreement;
(c) Works specifically commissioned by MUSC; and
(d) Works that are also patentable.

Nothing contained herein shall be interpreted to grant ownership to MUSC of Traditional Academic Works that are manuscripts for submission to scholarly journals, including electronic submissions which contain multimedia interactive components.

10.04.6.5 Agreements Impacting University Ownership
10.04.6.5.1 Sponsored Research Agreements: Ownership and disposition of Intellectual Property may be governed in whole or in part by sponsored research agreements, which may supersede certain provisions of this Policy. Prior to the execution of any sponsored research agreement which would conflict with this Policy, the Associate Provost for Research or its designee must approve the agreement in question.
10.04.6.5.2 Consulting: Employees engaged in external consulting work or business are responsible for ensuring that agreements emanating from such work are not in conflict with university policy or with MUSC’s contractual commitments. Such employees should make their university obligations known to others with whom they make such agreements and should provide the parties to such agreements a statement of applicable university policies regarding ownership of intellectual property and related rights.

10.04.7 Commercialization of Intellectual Property
10.04.7.1 Commercialization
10.04.7.1.1 In making commercialization decisions for its Intellectual Property, MUSC, or its designee, shall have full discretion, subject to the purpose, objectives, and requirements of this policy. MUSC shall designate an internal office, or a retained third party entity such as a not-for-profit foundation, whose sole purpose is to solely benefit MUSC, hereafter referred to as the Technology Transfer Office (“TTO”) for the administration and commercialization of Intellectual Property.
10.04.7.1.2 The TTO shall keep the Creator reasonably informed of its commercialization efforts; provided, however, if the Creator has an interest in an entity which desires to license or otherwise make commercial use of the Intellectual Property, the Creator shall not be privy to financial or other confidential information concerning the offers of competing parties. In this event, the supervisor of the conflicted Creator shall be informed of the commercialization efforts in lieu of the conflicted Creator.

10.04.7.2 Timetable
10.04.7.2.1 Complete Submission: Upon submission of an Intellectual Property Disclosure, the TTO shall notify the Creator within thirty (30) days if the Intellectual Property Disclosure is deemed complete. If it is not deemed complete, the Intellectual Property Disclosure shall be returned to the Creator with a request for the additional information needed.
10.04.7.2.2 Ownership: Within nine (9) months of a Complete Submission, the TTO shall inform the Creators if MUSC is exercising its right to claim ownership of the intellectual property.
10.04.7.2.3 The TTO shall be reasonably diligent in making efforts to commercialize the Intellectual Property to which it has claimed ownership.

10.04.7.3 Disposition of Intellectual Property

10.04.7.3.1 After evaluation of the Intellectual Property and review of applicable contractual commitments, the TTO may (a) commercialize the Intellectual Property through licensing or other transfer of rights, (b) release it to the sponsor of the research under which it was made (if contractually obligated to do so), (c) release it to the Creator if permitted by law, or (d) take such other actions as are determined to be in the interest of MUSC and the public. Licensing or other transfer of Intellectual Property rights to entities which the Creator has an interest in is not prohibited by any provisions of this policy. Commercialization by the TTO or its designee may or may not involve statutory protection of the intellectual property rights, such as filing for patent protection, registering a copyright or securing plant variety certification.

10.04.7.3.2 The TTO may create a policy, with the approval of the Associate Provost for Research, to allow for the rapid and streamlined disposition of certain copyrightable works under “open source”, “creative commons” or “copy left” agreements.

10.04.7.3.3 Should the TTO abandon commercialization of university-owned Intellectual Property, ownership may be assigned to the Creator as allowed by law subject to the rights of sponsors and to the retention of a license to practice the Intellectual Property rights for the internal purposes of MUSC, its affiliated entities, and not-for-profit research collaborators. The minimum terms of such license shall grant MUSC, its affiliated entities, and it’s not-for-profit research collaborators, the right to use the Intellectual Property in their internally administered programs of teaching, research, and public service on a perpetual, royalty-free, non-exclusive basis. In such event MUSC may require the repayment of its out of pocket patent prosecution and maintenance expenses from any profits made due to commercialization by the Creator. In such an event the Creator may if they desire avail themselves of Section 9.4.

10.04.7.4 Distribution of Net Proceeds:

Net Proceeds shall be distributed quarterly unless the recovery of costs reasonably attributable to the protection and distribution of such Intellectual Property necessitates a delay of up to six (6) months in order to receive and process third party invoices for such protection (i.e. patent prosecution invoices). Net Proceeds shall be distributed pursuant to the following schedule:

**Patent and Other Intellectual Property (excluding Copyright)**

<table>
<thead>
<tr>
<th>Royalty ($)</th>
<th>Inventor(s)</th>
<th>Lab(s)</th>
<th>Department(s)</th>
<th>University</th>
<th>College(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First $50,000</td>
<td>40</td>
<td>30</td>
<td>10</td>
<td>15</td>
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<tr>
<td>$50,000 - $100,000</td>
<td>30</td>
<td>30</td>
<td>10</td>
<td>20</td>
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</tr>
<tr>
<td>&gt; $100,000</td>
<td>25</td>
<td>30</td>
<td>10</td>
<td>25</td>
<td>5</td>
</tr>
</tbody>
</table>

5% at each range is designated as the Angel Fund.

**Copyright**

Net Proceeds University or Inventor’s Royalty
<table>
<thead>
<tr>
<th>Royalty ($)</th>
<th>Inventor(s)</th>
<th>Lab(s)</th>
<th>Department(s)</th>
<th>University</th>
<th>College(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>First $50,000</td>
<td>60</td>
<td>15</td>
<td>10</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>$50,000 - $100,000</td>
<td>50</td>
<td>15</td>
<td>10</td>
<td>20</td>
<td>5</td>
</tr>
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<td>&gt; $100,000</td>
<td>40</td>
<td>15</td>
<td>10</td>
<td>30</td>
<td>5</td>
</tr>
</tbody>
</table>

If there is no laboratory or laboratories, then the lab share shall be distributed proportionally among the Department(s), University and School(s)/College(s).

10.04.7.4.1 If Net Proceeds are attributable to more than one item of Intellectual Property (e.g. more than one patent), the Net Proceeds shall be first apportioned equally amongst each item prior to application of the distribution schedule, unless otherwise agreed to by the pertinent Creators or if no agreement, as directed by the Associate Provost for Research, who shall be under no obligation to attempt to discern an apportionment other than equal.

10.04.7.4.2 If Net Proceeds are attributable to more than one Creator, distribution of Net Proceeds (the apportioned share if more than one item of Intellectual Property) pursuant to the schedule shall be made using an equal distribution for each Creator absent a written agreement to the contrary signed by all the Creators.

10.04.7.4.3 Payment of the Creator’s Share shall not end due to the Creator’s death, disability, or termination of employment or other association with MUSC. In the event of death, payment of the Creator’s share shall be made to the Creator’s estate.

10.04.7.4.4 In the event that a Creator changes departments within MUSC, future distribution of the department share and funds previously earned by the former department shall remain in the originating department. If a department ceases to exist, their shares shall accrue to the University Royalty Income Account until and unless the inventor, author, or contributor joins a new University department.

10.04.7.4.5 In the event that a Creator, or in the case of a student-Creator, when their mentor, leaves the employment of MUSC or terminates research operations then 50% of any remaining balance of laboratory shares and future laboratory shares from net proceeds resulting from patents, licensing or copyrightable works shall be redistributed to the Angel Fund and the remaining 50% will be distributed proportionally among the Department, University and School/College according to the table in 7.4 with the stipulation that these funds be solely used to support further growth of intellectual property and technology transfer initiatives at MUSC.

10.04.7.4.6 Students and Visitors: For Student or Visitor Creators, the lab, department, and school/college shares shall be payable to the Laboratory, Department, and School/College of the Student’s mentor or the Laboratory, Department, and School/College of the Visitor’s sponsor.

10.04.7.4.7 In the event that equity is received from the commercialization of Intellectual Property, equity shall not be considered Net Proceeds until the equity can be freely tradable or liquidated. MUSC and/or its TTO shall not be responsible or liable for any valuation fluctuations of equity.

10.04.7.4.8 Creators are responsible for any tax consequences associated with their receipt of Net Proceeds.
In the event the TTO is a third party not-for-profit entity, MUSC can cause the TTO to make payments on MUSC’s behalf pursuant to the schedule.

Angel Fund: The proceeds designated for the Angel Fund shall be paid to the MUSC TTO with its own budget line and be used to further the development of emerging MUSC owned Intellectual Property as approved by the TTO Board of Directors and the Associate Provost for Research. The Intellectual Property Committee shall be periodically informed by the TTO regarding the use of these funds.

### Faculty Cooperation

The Creator is obligated to cooperate and assist, at no expense to the Creator, in the commercialization efforts of the TTO. The Creator shall execute appropriate documentation for the protection of the Intellectual Property and assignment of ownership documents as required to effectuate this policy. Potential conflicts of interest that a Creator has with respect to Intellectual Property and its disposition under this policy shall be disclosed by the Creator pursuant to appropriate MUSC policy.

### Intellectual Property Committee

**10.04.9.1 Membership:**

The Intellectual Property Committee ("IPC") shall be a standing committee and consist of seven (7) to eleven (11) members appointed by the Associate Provost for Research. Members shall be chosen from the various colleges and departments of MUSC which generate disclosures of Intellectual Property. One member shall be designated by the Associate Provost for Research as the Chair. A student shall also be appointed to the committee by the Associate Provost for Research.

**10.04.9.2 Duties:**

The IPC shall:

(a) Provide advice to the Associate Provost for Research and the TTO regarding implementation of this policy, and undertake a periodic review of the policy making recommendations for any revisions, if needed;

(b) Encourage compliance with this policy through education of potential Creators of Intellectual Property, and through periodic meetings with those persons and entities responsible for implementation of this policy.

**10.04.9.3 Meetings:**

The IPC shall meet at least quarterly and at such other times as requested by the Associate Provost for Research, the TTO, the Chair, or by at least 1/3 of the committee members.

**10.04.9.4 Dispute Resolution Procedures**

10.04.9.4.1 A Creator or MUSC administration can request the IPC mediate a dispute arising under this policy.

10.04.9.4.2 If a mediated resolution amongst the parties is not obtained, the Committee can make a recommendation to the Associate Provost for Research for a resolution of the dispute.
10.04.9.4.3 Mediation of a dispute under this policy shall not be required and shall not be considered to be part of any required administrative remedies available to an employee of MUSC.
11. FACULTY DEVELOPMENT

11.01 Sabbatical Leave

A faculty member holding the rank of Professor or Associate Professor who has rendered six or
more years of satisfactory service to MUSC may be granted sabbatical leave in order to study or
undertake further training. Sabbatical leave is for the primary purpose of enhancing the value of
the professional status of the faculty member in further service to the Medical University. The
period for sabbatical leave may be for up to one year. Salary support during this period will be at
the rate of one month for each year of service to MUSC, up to a maximum of twelve months
salary.

A sabbatical leave may be granted by the Board upon recommendation by the President,
following approval by the Department Chair, the Dean of the College concerned, and the Vice
President for Academic Affairs and Provost, and with the understanding that the faculty member
will return to active service MUSC when such leave has ended.

During sabbatical leave, annual leave accrual is prorated according to the percentage of the
MUSC salary paid to the faculty member (i.e., a faculty member receiving half-pay from the
University while on sabbatical leave would accrue one-half of full annual leave entitlement.
Upon return, it is incumbent upon a faculty member receiving partial pay while on sabbatical to
request that his/her department submit a leave correction form (MISCO 21) to ensure that the full
annual leave entitlement is reinstated.

In accord with the state Sick Leave Act, faculty members will not accrue sick leave while on
sabbatical leave.

Benefits may continue during a sabbatical leave, but the faculty member MUST contact the
Benefits Section of the Department of Human Resources Management for advice on what action
is required to maintain current benefits. To prevent loss of benefits, it is essential that the faculty
member contact Human Resources Management at least 60 days prior to beginning sabbatical
leave.

11.02 Upward Faculty Mobility Toward Advanced Degrees

A full-time faculty member (9 to 12 months), who has no terminal degree in the area of her/his
respective appointment may pursue such a degree if it is available at the Medical University of
South Carolina or elsewhere, and provided s/he receives prior approval, in writing, from the dean
of the college in which s/he holds his/her primary appointment. This policy, presented in
Appendix 11.02, establishes the process for achieving an orderly and evaluated educational
experience.

11.03 Faculty Desiring to Obtain a Degree in Addition to Terminal Degree Already Held

A faculty member holding a terminal degree in the area of his/her original appointment who
wishes to obtain an additional degree offered at MUSC will be subject to the same policy, rules,
regulations and requirements as a faculty member who seeks a terminal degree. Further, since
such a program of study is not to be construed as a faculty member's service to MUSC, a
proportionate reduction in salary may be necessary to meet his/her responsibility, unless otherwise approved by the dean of the college of his/her primary appointment.

11.04 Travel

MUSC, as an agency of the State of South Carolina, is subject to the travel guidelines set by the State Budget and Control Board. Appendix 11.04 contains a link to the latest version.

11.05 Tuition Assistance

MUSC provides tuition and mandatory fees assistance to permanent employees (classified, faculty, and other unclassified employees) for up to four credit hours a semester as authorized by Section 59-111-15 of the 1976 South Carolina Code of Laws, as Amended. Tuition and mandatory fees assistance will be provided by reimbursement of tuition cost after course completion, subject to availability of employing department funds. Permanent employees who are employed at least 30 hours per week are eligible to apply for tuition and mandatory fees assistance regardless of race, color, religion, sex, age, national origin, disability or veteran status. The tuition assistance program is only for MUSC employees to enroll in a credit-bearing course at MUSC or any other state institution (not including continuing education) on a space-available basis and with approvals of the course director or department chairperson. See Appendix 11.05 for a link to eligibility and procedures to participate in the tuition and mandatory fees assistance program.

12. FACULTY LEAVE

12.01 Leave with Pay

12.01a Attendance in Court

When a faculty member is a voluntary witness in litigation as an individual, and not in an official capacity, the time taken from work shall be charged as annual leave or leave-without-pay, as appropriate.

When, in obedience to a subpoena or other legal direction by proper authority a faculty member appears to testify, serve as a witness, or serve on a jury for the Federal Government, the State of South Carolina or one of its political subdivisions, the faculty member shall be granted leave-with-pay for the necessary period of time which shall be recorded as Administrative Leave.

12.01b Death in Family

Administrative leave (with pay) may be authorized by the department for a death in the family. This leave, which shall not exceed three consecutive working days, may be granted in the case of death of the following relatives of the faculty member or spouse:

- Husband or wife
- Child
- Grandchild
- Great Grandchild
- Sister or Brother
- Mother or Father
Grandmother or Grandfather

Great Grandmother or Great Grandfather

12.01c Voting

Each faculty member who is eligible to vote in a South Carolina primary or general election will be authorized up to two hours leave for voting. If possible, voting should be done before or after work.

12.01d Annual Leave

Full-time faculty on a twelve-month contract are entitled to one calendar month (22 working days) of annual leave each fiscal year (July 1 - June 30). Leave time shall accrue from the date of employment at the rate of 22 days per fiscal year; however, the maximum amount of unused leave that may be carried over into a new fiscal year is 45 days.

Part-time faculty with a twelve-month contract will accrue proportionate annual leave benefits based on the percentage of time worked. As with full-time faculty, the maximum amount of unused leave that part-time faculty may carry over into a new fiscal year is 45 days.

Faculty with nine-month contracts are entitled to accrue and use annual leave during the period of their contract. The amount of accrual will be 75% (16.5 days) of the amount accrued by full-time twelve-month faculty. As with other faculty, 45 days is the maximum amount of unused leave that faculty with nine-month contracts may carry over into a new fiscal year.

As far as possible, leave shall be scheduled in accordance with the preference of the faculty member. However, leave shall be approved by the appropriate supervisor/administrator to assure efficient operation. Recognizing the nature of academic responsibility and the high priority of class scheduling, faculty may be granted leave before it is earned.

Twelve-month faculty (full & part-time) who leave the employment of MUSC who have unused annual leave are entitled to a lump-sum payment for such leave not to exceed 45 days, to be calculated as follows:

Hourly rate multiplied by number of hours of leave due.

*NOTE: Substitute number of working days per month for part-time faculty, as fraction of 22 working days.

12.01e Military Leave

In accordance with State Law, a faculty member is entitled to a maximum of 15 work days of paid leave in any one calendar or fiscal year for active duty training with the South Carolina National Guard or one of the Reserve units of the Armed Forces of the United States. These 15 days need not be consecutive and may be used intermittently throughout the year. Insofar as possible, such training should be arranged to be of least interference with regular academic, research or clinical commitments.

In the event a faculty member is called upon to serve during an emergency ordered by the Governor or the Armed Forces concerned, s/he shall be entitled to an additional leave of absence with pay not to exceed 30 working days.
A faculty member is normally entitled to leave-without-pay during an extended period for up to five years for active military duty. After such leave, the faculty member may return to active employment with MUSC in a comparable position to the one held at the time such leave was granted, provided:

1. Separation from the military service was under honorable conditions.
2. Physical and mental capacities remain adequate for the position.
3. Such application for re-employment is made within 90 days after release from the military service.

12.01f Assault by Patient
Covered employees who are temporarily disabled as a result of an assault by a patient or client are entitled to the use of administrative leave with pay during the period of disability.

12.01g Donating Blood
Administrative leave for blood donation is limited to four (4) hours. A department head may require documentation of the donation.

12.01h Official Holidays
Listed below are the holidays observed by the State of South Carolina.

- New Year's Day (January 1)
- Martin Luther King, Jr. Day (Third Monday in January)
- President's Day (Third Monday in February)
- Confederate Memorial Day (May 10)
- National Memorial Day (Last Monday in May)
- Independence Day (July 4)
- Labor Day (1st Monday in September)
- Veterans Day (November 11)
- Thanksgiving Day (4th Thursday in November)
- Day after Thanksgiving (4th Friday in November)
- Christmas Day (December 25)
- Day after Christmas (December 26)
- Any additional day(s) officially granted by the Governor and/or Legislature

If conditions preclude taking the holiday at the prescribed time, compensatory time must be taken within one year; there is no provision for payment for earned but unused holidays.

12.02 Sick Leave
Sick leave is authorized by State law and is applicable to all full- and part-time faculty who work at least 50% of the time (including nine-month faculty). The law defines faculty members on twelve-month appointments as permanent full-time employees and those on nine-month
appointments as permanent part-time employees. The overall benefits are the same for both
groups of faculty except that twelve-month faculty may accumulate 1 1/4 days of sick leave per
month for a total of 15 days per year, whereas nine-month faculty may accumulate 1 1/4 days of
sick leave per month for a total of 11 1/4 days per academic year. Further, twelve-month faculty
may accumulate sick leave credit to a maximum of 195 days; nine-month faculty may
accumulate sick leave credit to a maximum of 146 1/4 days.
See Appendix 12.02 for the most current MUSC sick leave policy.

12.02a Family and Medical Leave
A faculty member who has worked for the State for 12 months or more and has worked at least
1250 hours during the preceding 12 months, may be eligible for Family and Medical Leave. See
Appendix 12.02a for current policy.

12.02b Leave Donation
Excess leave may be donated to the MUSC Leave Transfer Pool in accordance with the MUSC
Leave Transfer Program. See Appendix 12.02b for current policy including the most recent
approved Leave Donation form.

12.03 Extended Leave without Pay
Extended leaves of absence without pay may be granted by the President, through regular
administrative channels, under circumstances wherein the best interests of MUSC would be
served through granting such leave. Authorization may be considered in such cases as:

(1) Absence for advanced academic training, research, or other experience which
leads to increased competence and promotes the interests of the Medical
University as well as those of the faculty member, and

(2) Absences due to prolonged illness or for personal reasons when such absences
extend beyond available annual leave or sick leave. Normally, the total period of
absence will not exceed six months. However, under exceptional circumstances,
the President may extend this period to one year.

The granting of leave-without-pay is a matter of administrative discretion. The administrative
channels for request for leave-without-pay shall be the same as for other faculty actions.
Although sick leave or annual leave does not accrue during periods of leave-without-pay, the
accumulated total is not forfeited.
A member of the faculty who has acquired tenure shall retain tenure during any period of leave;
however, time served on leave-without-pay may not be counted toward acquiring a sabbatical
leave.
A member of the faculty at MUSC Medical University has an obligation to give a written notice
at least six months before the stated expiration date of the leave.

13. FACULTY BENEFITS
Faculty members who resign, retire, or for other reasons terminate their employment with MUSC
must contact the Department of Human Resources Management Service Center concerning the
action they need to take with regard to the following: a) Retirement, b) State Health and Dental
Insurance, c) State Optional Life Insurance, d) Tax Sheltered Annuities, and e) Deferred Compensation Plans.

Faculty employed by MUSC-affiliated institutions or organizations, such as VA Medical Center or University Medical Associates, should refer to their human resources management policies for eligible benefits.

13.01 State Insurance Program

All permanent faculty members employed by MUSC at least 50% of the time, or 20 hours per week, will be eligible to participate in the University's benefits program. Please see MUSC Department of Human Resources for specific information.

Current human resource management policies govern available insurance coverage, enrollment, changes in coverage, and terminations of coverage.

13.02 Liability Insurance

Pursuant to State law, faculty members and other employees are insured for all activities within the scope of their duties for MUSC. This State mandated insurance coverage is provided through the South Carolina Insurance Reserve Fund. Specific information regarding coverage may be obtained for the Office of University Risk Management.

If an event occurs which may expose a health provider or the institution to a claim or legal action, notify the University Risk Management immediately. They will, in turn notify appropriate persons in the affected areas and hospitals.

13.03 Additional Benefits

Without excluding other employee benefits provided, faculty benefits include travel assistance, retirement, tax-deferred compensation plans, workers’ compensation, unemployment compensation, direct deposit, and membership eligibility in the South Carolina State Employees Association. See Appendix 13.03 for description of these benefits.
Appendices

As of July 1, 2010, all links are up-to-date and working. To ensure that you are accessing the most current information, please contact your department’s administrative office or MUSC Human Resources (http://academicdepartments.musc.edu/musc/hr.htm). Contact the Faculty Senate to report any broken hyperlinks.

Appendix A: Board Approved Faculty Senate Handbook Revisions

9.08 Conflict of Interest

9.08.a MUSC/MUHA Conflict of Interest

Medical University of South Carolina and Medical University Hospital Authority Policies and Procedures

<table>
<thead>
<tr>
<th>Policy Name: MUSC/MUHA- Conflict of Interest Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved- Board of Trustees</td>
</tr>
<tr>
<td></td>
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<tr>
<td>Effective Date:</td>
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<tr>
<td>Section: General (Miscellaneous)</td>
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Persons covered by this policy

This policy applies to all Trustees, Officers, Faculty, Administrators, and Staff, including all full-time, part-time, temporary, and contract Employees of Medical University of South Carolina ("MUSC") and Medical University Hospital Authority ("MUHA"). Affiliates (entities which derive their not for profit status from MUSC, such as MUSC Physicians, the MUSC Foundation, and the MUSC Foundation for Research Development) shall as a condition of continued business with MUSC and MUHA adopt a policy substantially similar to this Policy, adapted to accommodate those affiliate employees who are not public employees.

Preamble

1. Enhancing the public good through improved health initiatives and superior economic development is the foundation of many government policies. MUSC, as a contemporary, public research university, has a responsibility to actively participate and promote these initiatives even if conflicts of interest are more likely and many times unavoidable. Conflicts of interest, therefore, may arise from ordinary and appropriate activities as a part of assigned employment duties so the existence of a conflict should not
imply wrongdoing. When conflicts of interest do arise, however, they must be recognized and disclosed, then eliminated or appropriately managed. The Board of Trustees for MUSC and MUHA has a duty to govern those State entities in a manner such that conflicts are appropriately reviewed and acted on to maintain public confidence in the integrity of our institutions.

2. This policy provides a framework for recognizing and managing employee conflicts of interest, and should minimize even the appearance of conflicts of interest. The primary goal of this policy is to prevent an employee's activities from adversely influencing MUSC or MUHA operations.

3. Particular departments and activities of MUSC or MUHA may have specific conflict of interest policies. It is intended, however, that this policy will apply to the entire MUSC enterprise, providing a framework for those specific additional policies to operate under, such that those specific policies will not supersede this policy unless approved by the Board of Trustees.

4. This policy references South Carolina Code (S.C. Code § 8-13-10 et seq.) (the "Ethics Law"), which makes it unlawful for public officials, public members, and public employees to use their position to obtain an economic interest or to have a financial interest in most any contract or purchase connected with MUSC/MUHA, unless certain exceptions apply. This policy is implemented in addition to all requirements of the Ethics Law and does not supersede it. The South Carolina Ethics Law is at http://www.scstatehouse.gov/code/t08c013.php

5. As MUSC conducts research funded by the Public Health Service and other federal agencies, it is required by federal law to maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F - "Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought" and 45 CFR Part 94 "Responsible Prospective Contractors" as well as all other relevant policies of federal funding and oversight agencies.

A. Statement of general policy

1. MUSC/MUHA policy is that its employees conduct the affairs of MUSC/MUHA in accordance with the highest legal, ethical and moral standards.

2. MUSC/MUHA policy is that employees of MUSC/MUHA shall disclose perceived and real conflicts of interest.

3. MUSC/MUHA policy is that employees shall not use their position to secure personal financial benefits or economic interest for themselves, any member of their immediate family, any individuals or entity with whom the employee has a business relationship that renders an employee economic benefit. A perceived and/or real conflict of interest arises whenever the employee has the opportunity to influence University or Authority operations or business decisions in ways that could result in a personal financial
benefit or economic gain to the employee, a member of an employee's immediate family, or individuals or entities with whom the employee has a business relationship which renders the employee economic benefit. Although certain specific examples of conflicts of interest are provided in this policy, they are meant only as illustrations, and supervisors and employees are expected to use good judgment to identify possible conflicts of interest that may adversely influence MUSC/MUHA operations, and to avoid or manage them as appropriate.

4. This policy is not intended to prohibit approved and appropriately managed economic development activities related to MUSC/MUHA generated intellectual property, including MUSC/MUHA employee involvement with startup companies, Small Business Administration (SBIR/STTR) funded research and Centers of Economic Excellence Activities. However, any such activities by MUSC/MUHA employees that make use of University or Authority property, facilities, equipment or other resources for personal benefit shall be approved as required herein, of benefit to MUSC/MUHA, and for fair value.

5. Nothing in this policy shall be construed to permit, even with disclosure, any activity that is prohibited by law.

**B. Definitions**

1. Conflicts of interest occur when an employee or immediate family member receives personal financial benefit or an economic interest from the employee's position in a manner that may inappropriately influence the employee's judgment, compromise the employee's ability to carry out MUSC/MUHA responsibilities or, be a detriment to MUSC/MUHA integrity.

2. Immediate family includes the employee's parents, spouse, siblings, children, stepchildren, and grandchildren.

3. Manage and managing means an affirmative action by the University or the Authority to establish parameters or conditions that minimize or eliminate the risk of the perceived or real conflict of interest.

4. Personal financial benefit or economic benefit is defined as anything of monetary value, including salary, commissions, fees, honoraria, gifts of more than nominal value, equity interests, interests in real or personal property, dividends, royalty, rent, capital gains, intellectual property rights, loans, and forgiveness of debt. "Personal financial benefit" does not include:

   a. compensation or payments received from MUSC/MUHA or any of its affiliates or the Ralph H. Johnson Department of Veterans Affairs Medical Center;

   b. payments for participation in seminars, lectures or other educational activities as long as not acting in the employee's official capacity, or reasonable expenses for the same activities even if acting in official capacity;
c. payments for participation in seminars, lectures or other educational activities sponsored by and service on advisory or review panels for a federal, state, or local government agency, an institution of higher education as defined at 20 U.S.C 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an institution of higher education, and reasonable expenses for the same activities as long as acting within the context of an individual's Faculty Appointment Contract;

d. any financial interest arising solely by means of investment in a mutual, pension, or other institutional investment fund over the management and investments of which the employee or an associated immediate family member does not exercise control; and

e. investments in publicly traded entities as long as the value of the employee’s equity interest in the entities is less than $5,000.

5. University means Medical University of South Carolina.

6. Authority means the Medical University Hospital Authority.

7. MUSC or MUHA institutional responsibilities are defined as the responsibilities of an employee to perform MUSC or MUHA activities as defined by management or contract.

C. Policy provisions

1. An employee shall disclose any situation in which the employee has, or may have, a real or potential conflict of interest as defined herein. These conflicts of interest must be reported annually to the Conflict of Interest Office. Modifications to existing disclosures or a new activity will require submittal of an additional disclosure in a timely manner. An authorized group of employees shall review the disclosure and recommend to the appropriate Vice President a suitable action plan to eliminate or manage the conflict of interest so as to ensure that MUSC or MUHA business is not improperly influenced or adversely affected. In the event that there is no reasonable way to manage a conflict of interest, then the employee may be prohibited from participating in related MUSC/MUHA affairs until such a time as the conflict is eliminated. In other words, employees and Officers of MUSC/MUHA have a duty to immediately disclose, manage or eliminate any real or potential conflicts of interest that are not in the best interests of the University or Authority.

a. An employee shall disclose conflicts of interest in writing on an approved paper or digital Conflicts of Interest Disclosure Form, including a statement describing the nature and extent of the conflict, to their supervisor and to the Conflict of Interest Office. This disclosure must be completed annually, on a form designated for such purposes. A new disclosure form must be completed whenever a new conflict of
interest arises or when a significant change occurs concerning and existing disclosure. See the following website for this disclosure form: Annual Conflict of Interest Disclosure www.musc.edu/coi.

b. If a supervisor becomes aware of a conflict of interest that an employee has not disclosed, the supervisor shall discuss the situation with the employee, require that a written disclosure be made as provided in this policy, and inform the Conflict of Interest Office to anticipate the receipt of a new Disclosure Form.

c. All conflicts of interest shall be reported to the Conflict of Interest Office. The Board of Trustees or its designee will retain authority to take such action as it deems appropriate regardless of any action or inaction by an Officer of MUSC and/or MUHA.

2. The following are examples of conflicts of interest requiring disclosure. These examples are illustrations only and are not meant to be exclusive.

a. Employee or immediate family member has a financial interest in a business entity with which the University or Authority does or proposes to do business, and the employee is in a decision-making role or otherwise is in a position to influence the University's or Authority's business decisions regarding the business entity. Business entity examples for which an employee disclosure is required:

   i) finance or accounting services
   ii) equipment services
   iii) marketing services
   iv) construction services
   v) consulting
   vi) counseling
   vii) catering
   viii) computer supplies
   ix) programming
   x) architectural services
   xi) legal services
   xii) grant preparation
   xiii) temporary personnel services
   xiv) office or laboratory supplies
   xv) painting services
   xvi) lawn and grounds services

b. Employee holds or assumes an executive, officer or director position in a for-profit or not-for-profit business or entity engaged in commercial, educational, or research activities similar to those in which the University or Authority engages.

c. Employee participates in consultation activities for a for-profit or not-for-profit business or entity engaged in commercial, educational or research activities similar to those of the University or Authority.
d. Employee holds or assumes an executive, officer or director position in a for-profit or not-for-profit business or entity that does business with the University or Authority.

3. The activities listed below are prohibited unless sanctioned by an Officer of the University or Authority. Sanctioned activities are those activities documented within an individual's Faculty Appointment Contract, contained within an employee's job description or expectations, appropriately authorized agreements, Memoranda of Understanding, or otherwise approved by the employee’s Vice President.

a. Significant use of University or Authority property, facilities, equipment or other resources in any manner other than as part of the employee's responsibilities, that results in personal financial benefit or economic interest to an employee, a member of an employee's immediate family or business with which the employee has a business relationship.

b. Using significant University or Authority property, facilities, equipment or other resources in any manner to support an entity not associated with the University or Authority unless special permission is provided in writing by an authorized Officer of MUSC or MUHA.

c. Using University or Authority stationery, letterhead, logo, or trademark in connection with outside activities, other than activities having a legitimate relationship to the performance of University or Authority business.

d. Using University or Authority facilities, resources, or the employee's position at the University for the purpose of advocating, endorsing, or marketing the sale of any goods or services, other than as part of the employee's responsibilities, without the prior approval in writing by an authorized Officer of MUSC or MUHA.

e. Using the University or Authority name, trademark or trade name for personal business or economic gain to the employee, a member of the employee's immediate family or a business with which the employee has a business relationship.

f. Using any University or Authority intellectual property data or information that is not in the public domain for personal financial benefit or economic gain to the employee or a member of the employee's immediate family, or a business which the employee has a business relationship.

g. Using any University or Authority employee for any outside activity during normal work time for which he or she is receiving compensation from the University or Authority (not applicable when employees are on a paid or unpaid leave).

h. Participating in the selection or awarding of a contract between the University or Authority and any entity with which an employee is dually employed, is seeking employment or has been offered employment.
i. Other activities may be prohibited if there is no reasonable way to manage an associated conflict of interest.

D. Employee responsibilities

1. Employees shall not engage in the prohibited activities listed above unless sanctioned in advance or in any other activity that has been prohibited following a completed review of an employee's conflict of interest disclosure.

2. Employees shall disclose a real or perceived conflict of interest as described above:
   a. As soon as the employee knows of the conflict, and then annually thereafter for as long as the conflict continues to exist;
   b. In writing on the approved Conflict of Interest Disclosure Form;
   c. To the Conflict of Interest Office;

3. Employees shall avoid any involvement with all related University or Authority activities and decisions until such time as the conflict of interest has been evaluated and the disclosed activity been approved.

4. If there is any question whatsoever about an activity representing a conflict of interest, then the employee should consult with the Conflict of Interest Office or an MUSC or MUHA Office of Legal Counsel for direction.

E. MUSC/MUHA responsibilities

1. Supervisors shall ensure that all new employees are informed of this policy.

2. Supervisors and administrators of MUSC and MUHA shall ensure that all current employees are reminded of this policy on a periodic basis.

3. The University and Authority shall develop a peer process to evaluate conflict of interest disclosures, and to review the conduct of approved Management Plans.

4. In the event that a reported conflict of interest is approved, the Conflict of Interest Office shall ensure there is an appropriate Management Plan in place to monitor and manage the situation so that resources are used in an appropriate manner and that there is no improper influence on University or Authority decisions.

5. The Conflict of Interest Office shall ensure that Conflicts of Interest Disclosure forms are retained for future reference. Upon an employee's transfer from the unit or termination
from the University or Authority, associated Conflict of Interest Forms shall be retained by the Conflict of Interest Office for a minimum of three years.

6. Supervisors shall establish and maintain a work environment that encourages employees to ask questions about real or potential conflicts of interest.

7. If supervisors have any question whatsoever about an external activity representing a conflict of interest, they should consult with the Conflict of Interest Office or an Office of Legal Counsel.

F. Sanctions for violation

1. Violations of University or Authority policies, including the failure to avoid a prohibited activity or disclose a conflict of interest in a timely manner, will be dealt with in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

2. The Board of Trustees, as the ultimate governing body, or its designee retains authority to make a final determination of any matter covered by this Policy.

G. South Carolina state law

1. The South Carolina Ethics Government Accountability and Campaign Reform Act (herein the "Ethics Law") S. C. Code § 8-13-100, among other things, makes it unlawful for a public official, public member or public employee to knowingly use his official office, membership or employment to obtain economic interest for himself, a member of his immediate family, an individual with whom he is associated" or a business with whom he is associated".". This policy is implemented in addition to any requirements of the Ethics Law. Certain persons associated with the Authority or University are required to make filings with the South Carolina Ethics Commission and completion of the form attached to this policy will not satisfy that requirement.

* Defined in the Act as: "Individual with whom he is associated" means an individual with whom the person or a member of his immediate family mutually has an interest in any business of which the person or a member of his immediate family is a director, officer, owner, employee, compensated agent, or holder of stock worth one hundred thousand dollars or more at fair market value and which constitutes five percent or more of the total outstanding stock of any class.

** Defined in the Act as: "Business with which he is associated" means a business of which the person or a member of his immediate family is a director, an officer, owner, employee, a compensated agent, or holder of stock worth one hundred thousand dollars or more
Office responsible for this policy

Conflict of Interest Office

Policy Review.

This Policy, if approved, establishes a set of conditions that may have an unanticipated impact on existing MUSC, MUHA, and affiliate policies and procedures. Given the breadth of this policy, it seems reasonable that not only may some unforeseen consequences surface but that State or federal compliance regulations may require some alterations to this Policy. A periodic review of this Policy by the Vice President for Academic Affairs and Provost, acting on behalf of the Vice Presidents, seems most appropriate. If proposed change(s) is(are) considered necessary and appropriate, a Vice President may ask the Board of Trustees to modify this Policy by approving the change(s).

9.08.b Institutional Conflicts of Interest Policy

Introduction: The Medical University of South Carolina has an obligation to the citizens of South Carolina and to the public at large to conduct its activities properly. Accordingly, the University must provide clear standards aimed at preventing financial conflicts of interests (FCOI) from compromising its objectivity in the performance of its responsibilities. This Policy on Institutional Conflicts of Interest (the “Policy”) concerns conflicts that arise from the University’s financial relationships with external entities. It is intended to provide guidance to the Board of Trustees, administrators, faculty and staff to enable them to recognize and deal with institutional conflict of interest (ICOI), both real and perceived, that may arise in the course of business relationships between the University and private entities outside of the University.

Consistent with its obligation to uphold the public trust, the University is committed to extending the reach of its research and learning activities beyond the campus community and to enriching the education of its students and the professional lives of its faculty and staff through public engagement. The University’s mission of research, teaching and service is well served through the creation of collaborations with people and entities outside the University that better enable all concerned to meet the challenges of an increasingly complex world. Collaboration, particularly where external financial sponsorship is involved, may result in the creation of inherent tensions between the University’s role as an independent creator and evaluator of knowledge, and the interest of the parties to the collaboration in achieving a positive outcome. Where such tensions
have or appear to have the potential to interfere with independent decision-making on the part of University personnel, or to compromise the objectivity of research, the University must examine whether an institutional conflicts of interest exists.

Such conflicts of interest may be individual conflicts of interest involving the personal financial relationships of University trustees, administrators, faculty, staff or students with entities that conduct business with the University. Individual financial conflicts of interest are regulated by the MUSC/MUHA – Conflicts of Interest Policy, (originally dated 13, 2009 and any subsequent modifications thereafter, and generally are outside the scope of this Policy except in cases where individual employees with wide administrative authority possess personal financial interests that intersect with their University duties, as explained below.

This Policy defines institutional conflicts of interest, provides examples and sets out rules for the guidance of University trustees, administrators, faculty and staff. It is hoped that by increasing awareness of the potential for such conflicts and providing a process to address them, this Policy will both protect the integrity of the University and will encourage University personnel to enter into and conduct University activities involving engagement with outside entities with transparency, confidence and integrity.

Gifts, pledges, and solicitation of gifts to MUSC are important to its missions. However, no charitable donation is allowed to be contingent upon the outcome of any research or business transaction conducted at or by the Institution. The Institution hereby affirms that it will not solicit or accept gifts that in any way limit the ability of its investigators to conduct and/or report the results of research in accordance with the highest scientific, medical, professional, and ethical standards. Nor will the Institution solicit or accept gifts (including gifts to support research) that are contingent upon any particular business or purchasing decision(s). All gifts to MUSC must be handled in accordance with the institutional fund raising and gift acceptance guidelines and should be forwarded to the appropriate administrative office for processing and record-keeping purposes. Faculty and staff members are accountable for adhering to institutional gift policies.

In some cases, the Institution may enter into arrangements involving the donation of all or a portion of capital equipment, with the expectation that the equipment will be used for research or patient care. Such arrangements are appropriate, provided they do not limit the professional independence of faculty and staff.

**Policy:** It is the policy of MUSC that, in pursuing its mission of education, research, and clinical care, the University must conduct its business free of improper influence resulting from Institutional conflicts of interest. Potential conflicts of interest between the Institution’s primary missions or objectives and its financial interests must be identified, reviewed, and properly managed or eliminated. Such Institutional Conflicts of Interest are not inherently unethical; however, they may introduce risks to the integrity of the Institution.

**Definitions:** For purposes of this Policy, the following definitions apply:

**Institutional Conflicts of Interest (ICOI):** An institutional conflict of interest exists where a financial relationship between the University and an external entity compromises the integrity of institutional decision-making. Such conflicts may arise in situations where a University trustee,
administrator, faculty or staff member holds administrative or decision-making authority of such a scope that the University cannot engage in a questioned activity or relationship independent of his or her involvement, and at the same time that person has personal financial interest that relate to the proposed activity or relationship.

Institutional conflicts of interest may involve any University activity carried out in the pursuit of the University’s mission. Of particular concern are conflicts that arise in the conduct of research involving human subjects, but any activity in which the judgment of those involved becomes affected by University financial relationships may lead to a violation of this Policy. (Examples of institutional conflicts of interest are attached in Appendix A.)

For purposes of this Policy, University employees shall be defined as trustees, officers, faculty, administrators, and staff, including all full-time, part-time, temporary, and contract employees. MUSC affiliates, e.g., MUSC Physicians, MUSC Foundation and MUSC Foundation for Research Development, shall adopt a policy substantially similar to this Policy. Financial interests shall include anything of monetary value, including salary or other payments for services, equity interests, and intellectual property rights of the University employee or of his or her immediate family members. Immediate family members shall include an employee’s parents, spouse, siblings, children, stepchildren, and grandchildren. Interests in mutual funds or similar type of investments where the employee has no control over the selection of holdings shall not be considered a personal financial interest under this Policy.

Covered Individuals: This Policy covers all senior-level personnel who are in a position to make decisions for the University that affect the following:

- the conduct of research, especially research involving human subjects;
- the use of University resources, including decisions involving expenditures, purchasing, investments, equity and technology transfer;
- the execution of contracts and grants; or
- the licensing of University intellectual property to external parties.

Institutional Officials: For the purpose of this Policy, Institutional Officials are the covered individuals. The University will be vigilant especially of these officials in the review of their individual Annual Conflicts of Interest Disclosure and may require additional information for the purpose of assessing Institutional Conflicts of Interest. These include:

- MUSC President;
- MUSC Vice Presidents;
- Academic Deans; and
- Other senior administrators, as determined by the MUSC Institutional Conflicts of Interest Officer in consultation with the President, the Vice President for Academic Affairs and Provost, and three MUSC Compliance Officers.

General Standards and Requirements
Reporting Requirements. Outlined below are reporting requirements for Institutional Officials and Institutional financial interests.

This policy mandates that Institutional Officials report financial and/or fiduciary interests so that ICOIs are identified and addressed in accordance with this Policy and in accordance with MUSC and MUHA Board of Trustees’ Policy on Conflicts of Interest originally dated February 13, 2009 and approved policy modifications that follow.

Institutional Officials must report their family’s financial interests annually through the standard individual conflicts of interest disclosure and disclosures must be updated within 30 calendar days after their financial and/or fiduciary interest changes. Reporting shall include:

- Equity and/or ownership interests in publicly traded for-profit organizations of any amount. Not included are: 1) equity or ownership interests in mutual funds; and 2) equity or stock holdings for which the Institutional Official has no role or influence over trading decisions;

- Equity (including stock, options, warrants, and the like), ownership, or founders' interests in non-publicly traded companies;

- Any fiduciary interest, such as service on the board of directors of a for-profit and/or not-for-profit organization; and,

- Any income, including royalty, equity, consulting fees or other payments, from for-profit and/or not-for-profit organizations.

Reporting Institution’s Financial Interests. The following financial interests of the Institution must be reported to the Conflicts of Interest Office no less than annually in accordance with procedures coordinated by MUSC’s Institutional Conflicts of Interest Officer, and must be updated within 30 calendar days after actual changes in financial and/or fiduciary interests are known. By State law, the only MUSC Enterprises that can hold equity interests are the MUSC Foundation for Research Development, MUSC Foundation and MUSC Physicians. Specifically, all elements of MUSC shall report the following to MUSC’s Institutional Conflicts of Interest Officer:

- Equity and ownership interest(s) worth more than $100,000 in any and all publicly-traded, for-profit organizations, except for interests held in the Institution’s endowments, and those interests where Institutional Officials have no role in trading decisions;

- Equity and ownership interests of any amount in any for-profit and/or not-for-profit organization that is not publicly traded, except those interests where Institutional Officials have no role in trading decisions;

- Gifts of $100,000 or more from any for-profit organization or philanthropic unit associated with a for-profit and/or not-for-profit organization; and,
Payments, including royalty payments, resulting from technology transfer, licensing, and business activities such as Institutional consulting or service agreements that, for each arrangement, have the potential to exceed $100,000 per year. Clinical care income and tuition income are not included as Institutional interests.

Sanctions for Violations. Violations of this Policy, including the failure to avoid a prohibited activity or disclose a conflict of interest in a timely manner, will be dealt with in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

Review Responsibility. ICOIs related to research not involving human subjects are reviewed by the Institutional Conflicts of Interest Committee. ICOIs related to human subjects research will be reviewed by an appropriate MUSC Institutional Review Board as well as the Institutional Conflicts of Interest Committee. The MUSC Institutional Conflicts of Interest Committee is appointed by the President and the Vice President for Academic Affairs and Provost, Medical University of South Carolina. These two MUSC Officers will charge this Committee accordingly. A draft of the Committee’s Charter and Operating Guidelines will be submitted for administrative approval shortly after this Policy is approved.

Institutional Conflicts of Interest Committee Members. It is the responsibility of the President and Vice President cited above to select the members of this Committee. The members will be between three and five in number, and will not be employees of MUSC or its affiliates. It is strongly suggested that the Committee be composed of individuals who (a) can conduct objective reviews, (b) are knowledgeable collectively about the mission and funds flow of academic medical centers, and (c) have a well-grounded understanding of the principles that constitute institutional conflicts of interest. All members will sign appropriate confidentiality statements/agreements.

The assessment in the reviews must consider whether the financial and/or fiduciary interests reported in accordance with this Policy have the potential to appear to affect any of the following:

- Safety of human research subjects;
- Safety of patients; and
- Integrity of research

The standards and evaluation criteria do not vary by funding or regulatory oversight; additionally, the same standards apply to reviews of the financial interests of the Institution and of the financial and/or fiduciary interests held by Institutional Officials.

Making Recommendations. The review of a specific institutional conflict of interest case may result in one of three recommendations:

- No institutional conflict of interest. The arrangement does not represent a significant actual, potential, or perceived institutional conflict of interest that needs to be managed;
Manageable institutional conflict of interest. The arrangement can be managed with required changes. In cases determined by the Institutional Conflicts of Interest Committee to be manageable, the committee will recommend one or more management measures. These may include, but are not limited to:

1) effective recusal from decision-making regarding the proposed arrangement by the financially-interested Institutional Official and disclosure of the recusal to the appropriate individuals implementing the recusal;

2) reduction in the magnitude of the financial and/or fiduciary interest

3) disclosure of the financial interest in relevant publications, presentations, human subject consent forms, clinical procedure or other consent forms, educational material, etc.;

4) oversight by a disinterested senior individual or by a committee of senior level, disinterested individuals; and/or,

5) other measures as deemed appropriate.

Unmanageable institutional conflicts of interest. The arrangement is not manageable and either the activity may not proceed or the financial interest must be eliminated or reduced in a timely manner. In cases judged to be unmanageable, eliminating or reducing the financial interest is preferable to prohibiting the proposed activity. The reviewing bodies and the Institution should generally give precedence to activities that carry out Institutional missions over conflicting financial interests.

In all cases reviewed, the Institutional Conflicts of Interest Committee must retain documentation of the review in accordance with established guidelines. In cases involving equity holdings that are considered to be an Institutional Conflicts of Interest, a Management Plan must be developed to resolve the conflict, and the implementation and oversight of the Plan must be reviewed periodically by the designated management team with reporting to the Conflicts of Interest Office to assure compliance.

All recommendations of the Institutional Conflicts of Interest Committee are presented to the MUSC Vice President for Academic Affairs and Provost, and the MUSC President for a decision. The decision is communicated by the President or the President’s designee to: 1) the individuals affected; 2) the Chair of the Institutional Conflicts of Interest Committee through the MUSC Institutional Conflicts of Interest Officer; and, 3) the Chair of the IRB through the Director of the Office of Research Integrity when human subjects research is involved.

For any ICOI issue involving human subjects research, the IRB of record will have final authority to decide whether the interest and its management, if any, allows the human subjects research to be approved.

Institutional Investment Assets, including Endowment. The Institution’s endowment includes assets received from philanthropy, investment, and other sources. The Institution hereby affirms that the individuals charged with managing the investments and endowments of the Institution
will not communicate with Institutional Officials or Institutional researchers concerning the
conduct and interpretation of ongoing or planned research performed at the Institution for the
purpose of influencing investment decisions. Maintaining this robust "firewall" is essential for
ensuring that the core activities of the Institution are not affected, or perceived to be affected, by
the Institution’s interest in maximizing the value of the endowments. If an individual becomes
aware of a situation in which there appears to be a conflicts of interest involving philanthropic
gifts, solicitation of gifts, or management of the endowments, the individual must notify the
appropriate Compliance Officer and/or the MUSC Institutional Conflicts of Interest Officer who
will ensure that a thorough review of the arrangement is conducted, and if necessary, will refer
the matter to the Institutional Conflicts of Interest Committee.

Implementation. The MUSC Institutional Conflicts of Interest Officer is responsible for
procedures to implement this policy.

Appendix A: Examples of Institutional Conflicts of Interest

Financial relationships with external entities give rise to impermissible institutional conflict of
interests when, in the interest of financial gain to the University or its internal units, the
objectivity of the decision-making process or the allocation of resources is influenced in ways
that (1) compromise the integrity of the University in fulfilling its mission, and (2) would not
occur but for the existence of the external financial relationship.

Institutional Conflicts of Interest Examples. The following examples are not intended to be
exhaustive:

1. Seeking to influence the award or terms of a University contract, including but not
   limited to research contracts, with an external entity because of a past, present or future
gift from the external entity.

2. Seeking to influence a University research review committee [such as Institutional
   Animal Care and Use Committee (IACUC) or an Institutional Review Board (IRB)] to
   grant concessions or exceptions in reviewing or monitoring a research project involving
   technology in which the University has an equity interest.

3. Seeking to influence a University research review committee (such as IACUC or IRB)
   to grant concessions or exceptions in reviewing or monitoring a research project
   sponsored by an external entity in which the University has a financial interest.

4. Involvement by a University official in decisions affecting the terms and conditions of
   a faculty member’s University employment when the University official has made a
   personal financial investment in the faculty member’s start-up company.

5. Involvement by a University official affecting the terms and conditions of University
   business relationships with a University faculty member’s start-up company when the
   University official has made a personal financial investment in that start-up company.
6. Involvement by a University official in approving the investment of University funds in an entity in which that official holds a personal financial interest.

Potential Institutional Conflicts of Interest Examples. The following examples are not intended to be exhaustive:

1. Where the University is entitled to receive royalties from the sale of a technology that is proposed to be the subject of a University research project.

2. Where the University, through technology licensing activities, holds an equity interest or an entitlement to equity of any value in a non-publicly traded sponsor of research at the University.

3. Where the University, through technology licensing activities or otherwise, holds a significant equity interest in a publicly traded sponsor of research at the University and University Official(s) responsible for managing that equity interest are also involved in decisions concerning the conduct of University research sponsored by the entity.

4. Appointment of a University official with broad administrative authority to serve with or without compensation in either a personal or representative capacity as an officer, director, or scientific advisory board member of a sponsor of research conducted at or under the auspices of the University.

5. Allocation of laboratory or office space by a University academic department in a manner that unduly favors investigators whose research is sponsored by an entity that has provided the department with gifts.
Appendix B: Special Procedures for Human Subjects Research

The Foundation for Research Development, the MUSC Foundation, and MUSC Physicians shall compile a list of all entities in which the University holds an equity interest as part of a licensing arrangement and shall provide this list to all IRBs at the University. These Offices shall supplement the list as equity licenses are issued or as investments are sold.

In the event that the University or any University-related investment entity invests directly in an entity whose stock is not publicly traded, the Vice President for Academic Affairs and Provost will provide a list of such entities to all IRBs at the University. The Vice President shall supplement the list as additional investments are made or liquidated.

All human subjects research protocols submitted for regular or expedited review to any IRB must indicate 1) the nature and source of all drugs, devices or biologics to be used in the proposed research, 2) the source of all funding and 3) whether the proposed project involves the use of an invention or technology that is owned by the University or has been invented by a University employee or student.

An IRB shall refer a proposed research project to the MUSC Conflicts of Interest Officer for further review under this Policy where:

(1) The proposed research is funded by an entity on either the list compiled by the Foundation for Research Development, the MUSC Foundation, the MUSC Physicians, or the Vice President for Academic Affairs and Provost; or,

(2) The proposed research studies otherwise involve an invention or technology owned by the University or invented by a University employee or student.

Link to Board of Trustees approved policy (included 07/21/2015):

Office responsible for this policy
Conflict of Interest Office

Policy Review.

This Policy, if approved, establishes a set of conditions that may have an unanticipated impact on existing MUSC, MUHA, and affiliate policies and procedures. Given the breadth of this policy, it seems reasonable that not only may some unforeseen consequences surface but that State or federal compliance regulations may require some alterations to this Policy. A periodic review of this Policy by the Vice President for Academic Affairs and Provost, acting on behalf of the Vice
Presidents, seems most appropriate. If proposed change(s) is(are) considered necessary and appropriate, a Vice President may ask the Board of Trustees to modify this Policy by approving the change(s).

Appendix P: Universal Faculty Contract, 2009-2010

Can be accessed at: https://www.musc.edu/fac/

Faculty Annual Contract PDF file removed from appendix – this link has annual contract and additional information.

Appendix 1: Abbreviations Used Throughout Handbook

APT Appointment, Promotion and Tenure Committee
Board MUSC Board of Trustees
EEO/AA Equal Employment Opportunity/Affirmative Action
FMLA Family and Medical Leave Act
FOIA Freedom of Information Act
FRD South Carolina Foundation for Research Development, Inc.
HHS United States Department of Health Human Services
IRB Institutional Review Board
MUHA Medical University Hospital Authority
MUSC Medical University of South Carolina
TERI Teacher and Employee Retiree Incentive Program
UMA University Medical Associates

Appendix 2.03 Academic Organization Chart

http://www2.edserv.musc.edu/president/chart.htm

Appendix 2.04 Current University Standing Committees
University Chartered Committees

Office of the President
Commencement Committee

VPAA - University-Wide Committees (Chartered)
Chartered committees that specifically require Faculty Senate representation are marked with an asterisk.

*Faculty Hearing Committee
*University Humanities Committee
Institutional Biosafety Committee (IBC)
Institutional Review Board I, II, and III (IRB)
*Faculty Library Committee
Diversity Advisory Council
Conflict of Interest Committee
Education Infrastructure Committee
Research Integrity Committee
*University Tenure Committee
University Research Council (URC)
*Deans’ Council
International Affairs Committee
Institutional Compliance and HIPAA Council
Institutional Animal Care and Use Committee

VP for Information Technology and CIO
Information Management Council (IMC)
University Education Infrastructure Committee (UEIC)
University Research Council (URC)
Finance and Administration Information Council (FAIC)
Information Security and IT Compliance Committee (ISICC)

VP for Development
Foundation for Research Development

VP for Finance and Administration
University Safety Committee
Radiation Control Council

Other committees offering MUSC Faculty Service opportunities
Academic/Research Space Backfill Subcommittee
Apple Tree Society Steering Committee
Association of Retired Faculty Steering Committee
Continuing Medical Education Advisory Committee
Council of Associate Deans for Research
Appendix 3.02  Constitution of the Faculty Senate of the Medical University of South Carolina

This Constitution defines the composition of the Faculty Senate, its role in the academic affairs of the University, and the basic principles of self-governance of the faculty of the Medical University of South Carolina. The original constitution was authorized by the Bylaws of the Board of Trustees of the Medical University of South Carolina, Section 6, Article b, in August 1976. The Board approved the revised Constitution in February 2006 and amendments 1 and 2 in February 2007.

http://academicdepartments.musc.edu/faculty_senate/pdfs/Constitution%20and%20Bylaws_v3_approved.pdf

Appendix 5.02  University Nepotism Policy  HR pol 7 (Reviewed 9/18/09)

University HR
http://www.musc.edu/hrm2/policies/policy07.html

Hospital HR
http://mcintranet.musc.edu/hr/documents/POLICY7-NEPOTISM.pdf

Appendix 5.04  MUSC Employee Health Screening Criteria HR pol 1 (Reviewed 4/1/09)

http://www.musc.edu/hrm2/policies/policy01.html

http://mcintranet.musc.edu/hr/documents/POLICY1-EMPLOYEEHEALTH.pdf

Appendix 5.05  University Criminal Records Search Policy HR pol 26 (Reviewed 4/9/09)

http://mcintranet.musc.edu/hr/documents/POLICY26-CRIMINALRECORDSEARCH.pdf
Appendix 6 Faculty Appointment, Promotion, & Tenure Policies for each College

Appendix 6a COLLEGE OF MEDICINE
Appointment, Promotion and Tenure Information

General Guidelines, Criteria, and Supporting Documents

http://academicdepartments.musc.edu/com1/faculty/index.htm

Appendix 6b. COLLEGE OF PHARMACY

Promotion and Tenure Guidelines

These guidelines serve as an extension of the general University guidelines, as set forth in the Faculty Handbook, concerning promotion and the award of tenure. Promotions and tenure are recognition of achievements and of promise that the individual is capable of assuming additional responsibilities. The policy of the College of Pharmacy is to make promotions and to grant tenure solely on the basis of merit. To this end, the College of Pharmacy has established specific criteria for promotion and for granting tenure.

PART I - TENURE-TRACK

I. PROMOTION

Promotion is an acknowledgment of excellent performance in two of the three areas of teaching, research/scholarship, and service (including service to the University and College and Clinical practice, if applicable). One of the two areas of excellence MUST be that which is given prominence based on activity reports and job description. Competence in the remaining area must be shown. In all cases teaching effectiveness and general service to the College or University must be demonstrated.

II. TENURE

Tenure is granted as a result of demonstrated competence and a strong commitment to serve the College of Pharmacy. Faculty requesting tenure will be evaluated according to the rules for promotion. Since tenure is basically a lifetime commitment by the College of Pharmacy, a higher level of attainment in the areas specified above and the promise of long-term contributions to the Medical University of South Carolina will be expected. Tenure-track faculty members who have not attained tenure must receive a formal review at least every three years (Appendix I). Tenured faculty will be reviewed in accordance with the MUSC Faculty Handbook.

III. CRITERIA, RATIONALE, AND METHODS FOR MEASUREMENT OF PERFORMANCE

A. Time requirements

Current Rank Minimum Service (years)

Assistant Professor 3
Associate Professor 4

Appendix 6c. COLLEGE OF NURSING
Appendix 6d. COLLEGE OF DENTAL MEDICINE
Guidelines for Appointments, Promotion, and Tenure
http://academicdepartments.musc.edu/dentistry/pdfs/Guidelines%202_07.pdf

Appendix 6e. COLLEGE OF HEALTH PROFESSIONS
Promotion and Tenure Guidelines
http://academicdepartments.musc.edu/chp/chpnet/faculty_assembly/index.htm

Appendix 6f. COLLEGE OF GRADUATE STUDIES
Faculty members of the Graduate School are from various colleges; therefore tenure issues are handled by the various colleges to which the faculty members belong.

Appendix 6g. DEPARTMENT OF LIBRARY SCIENCE AND INFORMATICS (DLSI)
### College of Medicine

**MEDICAL UNIVERSITY OF SOUTH CAROLINA**

**FACULTY PERFORMANCE EVALUATION**

<table>
<thead>
<tr>
<th>GOALS OF FACULTY MEMBER</th>
<th>ADDITIONAL GOALS SET FORTH BY CHAIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Teaching Activity</td>
<td>I.</td>
</tr>
<tr>
<td>II. Research/Scholarly Activity</td>
<td>II.</td>
</tr>
<tr>
<td>III. Patient Care</td>
<td>III.</td>
</tr>
<tr>
<td>IV. Institutional Activity</td>
<td>IV.</td>
</tr>
<tr>
<td>V. Professional Growth</td>
<td>V.</td>
</tr>
<tr>
<td>VI. Other</td>
<td>VI.</td>
</tr>
</tbody>
</table>
FACULTY PERFORMANCE EVALUATION

Medical University of South Carolina

Faculty Name:

<table>
<thead>
<tr>
<th>Evaluation of Mutually Agreed Upon Goals</th>
<th>Faculty Evaluation</th>
<th>Chairman’s Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Applicable</td>
<td>Unacceptable</td>
<td>Marginal</td>
</tr>
<tr>
<td></td>
<td>Satisfactory</td>
<td>Very Good</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td></td>
</tr>
</tbody>
</table>

I.  
II.  
III.  
IV.  
V.  
VI.  

Faculty Members Comments:

Evaluator Comments:

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>Date</th>
<th>Evaluator</th>
<th>Date</th>
<th>Dean</th>
<th>Date</th>
</tr>
</thead>
</table>
CON Regular Faculty Evaluation

**ESSENTIAL ELEMENTS:** Must answer Yes to all applicable for an exceeds evaluation.

<table>
<thead>
<tr>
<th>FAIR database current and accurate in content and format</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Behavior has reflected consistent adaptability, accountability and respect for colleagues, students and internal and external constituents</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Teaching syllabus conforms to CON requirements</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Responded to design feedback on Moodle and is in compliance with program—specific design</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

**OUTCOMES OF THE CON:** Must obtain at least 4/5 goals for an exceeds evaluation.

<table>
<thead>
<tr>
<th>1. Attrition rates for your academic program (&lt;10%)</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. On-time graduation rate for your program (&gt;85%)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Students believe they receive a high quality education at MUSC CON (&gt;90%)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Students made the right choice in selecting MUSC CON for their education (&gt;90%)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Students would recommend the MUSC CON to other potential students (&gt;90%)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Goals met = ____/5

**TEACHING:**

☐ Below (0) ☐ Meets (1) ☐ Exceeds (2)

E---value faculty score for each semester: ______________________  E---value mean faculty score ______

Below – any course score (< 4.0)
Meets – each course score and mean scores for all courses (4.0 - 4.49)
Exceeds - E-value mean score (4.50 or above) and no single course score below 4.0
-or-
Exceeds -- Curriculum/course/program was developed outside of workload credit

**RESEARCH/ CLINICIAN TRACK:**

☐ Below (0) ☐ Meets (1) ☐ Exceeds (2)

**RESEARCH TRACK**

Below -- Grant submissions and funded research less than the agreed upon expectations
Meets -- Grant submissions and funded research conform with agreed upon expectations
Exceeds -- Grant submissions and or/funding exceeds expectations
CLINICAL TRACK

Below – Percent practice less than agreed upon expectations
Meets -- Percent practice conforms with agreed upon expectations
Exceeds -- Documented practice innovation/quality improvement project/other practice initiative/education (such as HRSA) or practice grant outside of workload credit

Exceeds – Submission of practice grant outside of workload credit

SCHOLARSHIP: □ Below (0) □ Meets (1) □ Exceeds (2)

Below – Scholarship category of rank not achieved
Meets – Each scholarship category of rank is achieved
Exceeds – Manuscripts of substantive work submitted to peer-reviewed journals greater than:
   2 for instructor, 3 for assistant professor, 4 for associate, 5 for professor

ADMINISTRATION: □ Below (0) □ Meets (1) □ Exceeds (2) □ NA

Below – Administrative activities not performed as specified with yearly goals not met
Meets – Administrative activities performed as specified with yearly goals met
Exceeds – documentation of exceptional administrative outcomes

OVERALL EVALUATION SCORE

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL ESSENTIAL ELEMENTS</td>
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<td></td>
</tr>
<tr>
<td>OUTCOMES OF THE CON (4/5 or better)</td>
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</table>

<table>
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<th></th>
<th>BELOW</th>
<th>MEETS</th>
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<tr>
<td>TEACHING</td>
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<td>(2)</td>
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<td>RESEARCH/CLINICAL TRACK</td>
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<td>(2)</td>
</tr>
<tr>
<td>SCHOLARSHIP</td>
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<td>(1)</td>
<td>(2)</td>
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<tr>
<td>ADMINISTRATION</td>
<td>(0)</td>
<td>(1)</td>
<td>(2)</td>
</tr>
</tbody>
</table>

| TOTALS          | +      | +     | =       |

Must achieve YES in Essential Elements and Outcomes of the CON and MEET in all above sections to achieve an exceeds evaluation

TOTAL:

<table>
<thead>
<tr>
<th></th>
<th>BELOW</th>
<th>MEETS</th>
<th>EXCEEDS</th>
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</thead>
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<tr>
<td>OVERALL SCORE (WITHOUT ADMINISTRATION)</td>
<td>(0-2)</td>
<td>(3)</td>
<td>(4-6)</td>
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<tr>
<td>OVERALL SCORE (WITH ADMINISTRATION)</td>
<td>(0-3)</td>
<td>(4)</td>
<td>(5-8)</td>
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</table>
COMMENTS – Other areas of excellence, strengths and areas for growth:

TWO GOALS FOR NEXT CONTRACT YEAR – goals must be Specific, Measurable, Attainable in 1 year, Realistic and Timely

GOAL 1.

GOAL 2.

Faculty ____________________________ Date __________________________

Department Chair ____________________________ Dean __________________________

4-1-2015
James B. Edwards College of Dental Medicine
Faculty Annual Evaluation Form

http://academicdepartments.musc.edu/dentistry/faculty_staff/faculty_eval.html
Medical University of South Carolina  
College of Health Professions  
FACULTY PERFORMANCE EVALUATION YEAR END SUMMARY AND RECOMMENDATIONS  
2001-2002  
Original to Dean’s Faculty File; Copies to faculty member and Department Chair ATTACHMENT D1

<table>
<thead>
<tr>
<th>Name __________________________</th>
<th>Department ____________________</th>
<th>Current Rank/Tenure Status __________________</th>
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</table>

<table>
<thead>
<tr>
<th>Evaluation of Mutually Agreed Upon Goals</th>
<th>Faculty Evaluation</th>
<th>Chair Evaluation</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Not Applicable</td>
<td>Unacceptable</td>
</tr>
<tr>
<td>Teaching</td>
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<tr>
<td>Scholarship/Research</td>
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<td></td>
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<tr>
<td>Service/Faculty Development</td>
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<tr>
<td>Professional Practice</td>
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</tr>
<tr>
<td>Administration</td>
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</tbody>
</table>

8
9
10
11
Summary Evaluation and Recommendations: (To be completed and signed by Chair [and Program Director, as applicable])

Promotion and Tenure Recommendations: (Include timeline and recommendations for advancement in rank)

Overall Evaluation: (Circle) Outstanding Very Good Satisfactory Marginal Unacceptable

Faculty Comments:

<table>
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<tr>
<th>Faculty Member</th>
<th>Date</th>
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<tbody>
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<th>Date</th>
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<tbody>
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<table>
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<tr>
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<th>Date</th>
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Dean’s Review:

Comments:  

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<th>Date</th>
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<tr>
<td>Evaluation of Performance Categories</td>
<td>Rating Scale</td>
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<tr>
<td>-------------------------------------</td>
<td>--------------</td>
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<td>I. Teaching Activity</td>
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</tr>
<tr>
<td>III. Patient Care</td>
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<tr>
<td>IV. Institutional Activity</td>
<td></td>
</tr>
<tr>
<td>V. Professional Growth</td>
<td></td>
</tr>
<tr>
<td>VI. Other</td>
<td></td>
</tr>
<tr>
<td>Faculty Member’s Comment:</td>
<td></td>
</tr>
<tr>
<td>Evaluator’s Comment:</td>
<td></td>
</tr>
<tr>
<td>Overall Evaluation: _ Unacceptable _ Marginal _ Satisfactory _ Very Good _ Outstanding</td>
<td></td>
</tr>
<tr>
<td>Faculty Member Date:</td>
<td>Date</td>
</tr>
<tr>
<td>Medical University of South Carolina</td>
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<tr>
<td>1-Unacceptable</td>
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</tr>
<tr>
<td>2-Marginal</td>
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<tr>
<td>3-Satisfactory</td>
<td></td>
</tr>
<tr>
<td>4-Very Good</td>
<td></td>
</tr>
<tr>
<td>5-Outstanding</td>
<td></td>
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</table>
Appendix 8.11  Faculty Appointment Contract Dispute Resolution

- **FAC**: Faculty Appointment Contract
- **APIPA**: Associate Provost of Integrated Planning & Assessment
- **VPAA&P**: Vice President of Academic Affairs & Provost

**FAC signing period begins early June**

- Chair/Chief sends out
- APIPA sends faculty inquiry re disputed FAC
- FAC negotiation complete & FAC signed by June 20
- APIPA contacts faculty disputing FAC to assess

- No FAC Review Panel: Faculty signs FAC
- Dean appoints FAC Review Panel
  - FAC Review Panel meet: prior FAC extends to
  - FAC Review Panel report to disputants,
    - Dispute resolves: Faculty signs FAC
    - Dean mediates & sends comments to VPAA&P
      - Dean resolves dispute: Faculty signs FAC
      - VPAA&P decides or offers extension
Appendix 9.08 Conflict of Interest Policies & Charters

Approved by the Provost, March 3, 2011

Appendix 9.08a Research Conflict of Interest Policy

Introduction

An important goal of the Medical University of South Carolina is to make scientific discoveries that will benefit the sick and the suffering. For many years the faculty and staff have worked hard to achieve this goal. In 1980, the United States Congress explicitly sanctioned and facilitated this process with the passage of legislation designed to stimulate the commercialization of inventions by permitting academic institutions and scientists to benefit financially if their federally sponsored research led to commercial products and treatments. Moreover, during the past decade the rate of growth of biomedical research has outpaced federal funding, compelling universities and hospitals to develop alternative sources of revenue to support the expenses associated with their educational, research and clinical missions.

Effective interaction between universities conducting research and industry is essential to ensure the rapid application of scientific discoveries to the needs of the nation and to maintain the international competitiveness of domestic industry. Nonetheless, prudent stewardship of public funds includes protecting sponsored research from being compromised by the conflicting financial interests of any investigator responsible for the design, conduct and reporting of sponsored research.

These guidelines define general University policy and procedures regarding conflicts of interest in relationship to sponsored projects involving research, education and university service. Their purpose is to protect the credibility and integrity of the University’s faculty and staff so that public trust and confidence in the University’s sponsored activities is ensured.

In accordance with federal regulations as prescribed by 42 CFR Part 50 Subpart F; the University has a responsibility to manage, reduce or eliminate any conflicts of interest that may be presented by a financial interest of any investigator. Thus, the University requires that investigators disclose any significant financial interests that would reasonably appear to be affected by sponsored research.

Definitions

(1) A conflict of interest in science refers to situations in which financial or other personal considerations may compromise, or have the appearance of compromising, an investigator's professional judgment in conducting or reporting research. For purposes of this policy, a conflict of interest exists when the University, through procedures described herein, reasonably determines that a significant financial interest could directly and significantly affect the design, conduct or reporting of sponsored research.

(2) Investigator means the principal investigator/project director, co-principal investigator, and any other person who is responsible for the design, conduct or reporting of research, educational, or service activities funded or proposed for funding, by an external sponsor. In this context, the term “investigator” includes the investigator’s parents, spouse, siblings, children, stepchildren and grandchildren.
(3) A financial interest means anything of monetary value, whether or not the value is readily ascertainable.

(4) Institutional responsibilities means an Investigator's professional responsibilities on behalf of the Institution, and as defined by the Institution in its policy on financial conflicts of interest, which may include for example: activities such as research, research consultation, teaching, professional practice, institutional committee memberships, and service on panels such as Institutional Review Boards or Data and Safety Monitoring Boards.

(5) An associated entity of an Investigator means any privately held trust, organization, or enterprise other than the University or an affiliated hospital over which the Investigator alone or together with his/her family has any financial interest.

(6) A business means any corporation, partnership, sole proprietorship, firm, franchise, association, organization, holding company, joint stock company, receivership, business or real estate trust, or any other legal entity organized for profit or charitable purposes, but excluding the University, any affiliated hospital, or any other entity controlled by, controlling or under common control with the University or an affiliated hospital.

(7) Clinical research means any research or procedure involving human subjects in vivo or the use of patient samples for the development of diagnostic tests. It includes early clinical studies, evaluative research and clinical trials. It does not include an Investigator's participation in the design of a clinical study for which he is subsequently neither a participant nor an author.

(8) Significant financial interest means:

(A) A financial interest consisting of one or more of the following interests of the Investigator (and those of the Investigator's parents, spouse, siblings, children, stepchildren and grandchildren) that reasonably appears to be related to the Investigator's institutional responsibilities:

(i) With regard to any publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure and the value of any equity interest in the entity as of the date of disclosure, when aggregated, exceeds $5,000. For purposes of this definition, remuneration includes salary and any payment for services not otherwise identified as salary (e.g., consulting fees, honoraria, paid authorship); equity interest includes any stock, stock option, or other ownership interest, as determined through reference to public prices or other reasonable measures of fair market value;

(ii) With regard to any non-publicly traded entity, a significant financial interest exists if the value of any remuneration received from the entity in the twelve months preceding the disclosure, when aggregated, exceeds $5,000, or when the Investigator (or the Investigator's parents, spouse, siblings, children, stepchildren and grandchildren) holds any equity interest (e.g., stock, stock option, or other ownership interest); or

(iii) Intellectual property rights and interests (e.g., patents, copyrights), upon receipt of income related to such rights and interests regardless of monetary value.
Investigators also must disclose the occurrence of any reimbursed or sponsored travel (i.e., that which is paid on behalf of the Investigator and not reimbursed to the Investigator so that the exact monetary value may not be readily available), related to their institutional responsibilities; provided, however, that this disclosure requirement does not apply to travel that is reimbursed or sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

The term significant financial interest does not include the following types of financial interests:

- Salary, royalties, or other remuneration paid by the Institution to the Investigator if the Investigator is currently employed or otherwise appointed by the Institution, including intellectual property rights assigned to the Institution and agreements to share in royalties related to such rights;
- Any ownership interest in the Institution held by the Investigator, if the Institution is a commercial or for-profit organization;
- Income from investment vehicles, such as mutual funds and retirement accounts, as long as the Investigator does not directly control the investment decisions made in these vehicles;
- Income from seminars, lectures, or teaching engagements sponsored by a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education;
- Income from service on advisory committees or review panels for a Federal, state, or local government agency, an Institution of higher education as defined at 20 U.S.C. 1001(a), an academic teaching hospital, a medical center, or a research institute that is affiliated with an Institution of higher education.

Guidelines

(1) Each Investigator is required to disclose any significant financial interest that is related to their institutional responsibilities.

(2) Each Investigator who has a significant financial interest requiring disclosure shall complete a Disclosure Form in the COI online disclosure system. The Electronic Proposal Data Sheet (EPDS) will alert the online COI system to check that essential personnel on the grant have a disclosure submitted within the past 12 months. The EPDS will inform the COI office via e-mail of any person who does not have a disclosure on file or who had disclosed a significant financial interest.

(3) As required by federal regulations, all significant financial interests must be disclosed annually and updated as appropriate. Whenever a new significant financial interest is discovered or acquired, a new disclosure form must be completed and submitted for review either in advance of the anticipated change in situation or within 30 days of the event.

(4) The Conflict of Interest Office, or official designee, shall conduct an initial review of all financial disclosures. If the initial determination is made that an investigator’s significant financial interest is related to the research, there may be a potential for conflict of interest covered by this policy. An Investigator’s significant financial interest is related to the research
when the University, through its designated officials, reasonably determines that the significant financial interest could be affected by the research or is in an entity whose financial interest could be affected by the research. If the significant financial interest is determined to be related to the research, the Disclosure Form will be referred to the Research Conflict of Interest Committee (RCOI). Committee members are appointed by the Vice President for Academic Affairs and Provost. The Committee shall then determine whether the related significant financial interest constitutes a financial conflict of interest. A financial conflict of interest exists when the Institution, through its designated official(s), reasonably determines that the significant financial interest could directly and significantly affect the design, conduct, or reporting of the research. If the Committee determines that the related significant financial interest is a financial conflict of interest, members will then determine what conditions or restrictions, if any, should be imposed by the institution to manage the conflict of interest.

(5) Management of an identified financial conflict of interest requires development and implementation of a management plan. The management plan may include but is not limited to:

(a) Public disclosure of financial conflicts of interest (e.g., when presenting or publishing the research);

(b) For research projects involving human subjects research, disclosure of financial conflicts of interest directly to participants;

(c) Appointment of an independent monitor capable of taking measures to protect the design, conduct, and reporting of the research against bias resulting from the financial conflict of interest;

(d) Modification of the research plan;

(e) Change of personnel or personnel responsibilities, or disqualification of personnel from participation in all or a portion of the research;

(f) Reduction or elimination of the financial interest (e.g., sale of an equity interest); or

(g) Severance of relationships that create financial conflicts.

If the RCOI Committee determines that imposing the above referenced conditions or restrictions would be either ineffective or inequitable, and that the potential negative impact that may arise from a significant financial interest is outweighed by interests of scientific progress, technology transfer, or the public health and welfare, the RCOI Committee may recommend that to the extent permitted by federal regulations, the research go forward without imposing such conditions or restrictions. In these cases, the Vice President for Academic Affairs and Provost shall make the final decision regarding resolution. However, in the case of Public Health Service (PHS) sponsored research, PHS policy requires that steps be taken to manage any identified financial conflicts of interest.

(6) The approved management plan shall be between the Medical University of South Carolina and the faculty member and will detail the conditions or restrictions imposed upon the
Investigator in the conduct of the project or in the relationship with the business enterprise or entity. The management plan shall be signed by the Investigator and his Department Chair. Conflicts of interest will be satisfactorily managed, reduced, or eliminated in accordance with these guidelines and all required reports regarding the conflict of interest will be submitted to the sponsor prior to expenditure of any funds under an award. The PHS requires the University to make similar reports to the PHS awarding component on subsequently identified conflicts found by the University and to assure that the interest has been managed, reduced, or eliminated within sixty (60) days of identification. NSF only requires the University to report conflicts which cannot be satisfactorily managed, reduced or eliminated.

(7) Records of the Investigator's financial disclosures and of actions taken to manage conflicts of interest shall be retained by the Conflict of Interest Office. Records of all financial disclosures and all actions taken by the Research Conflict of Interest Committee will be maintained for at least three years from the date of submission of the final expenditure report(s) for the applicable project(s) or, where applicable, from other dates specified in State law, 42 CFR 50 Subpart F or by other federal funding or oversight agencies.

(8) Whenever an Investigator has violated this policy or the terms of the management plan, the Research Conflict of Interest Committee shall report the violation to the University Conflict of Interest Official who shall recommend sanctions, which may include disciplinary action ranging from a public letter of reprimand to dismissal and termination of employment. If the violation results in a collateral proceeding under University policies regarding misconduct in science, the University Conflict of Interest Official shall defer a decision on sanctions until the misconduct in science process is completed. The University Conflict of Interest Official’s recommendations on sanctions shall be presented to the Investigator's appropriate University official who, in consultation with the Vice President for Academic Affairs and Provost, shall enforce any disciplinary action. If the research activity was funded by a PHS awarding component, the University will promptly notify the PHS awarding component of the corrective action taken or to be taken. After consideration of the situation and as necessary, the PHS awarding component will take appropriate action. These actions may include referring the matter back to the University for further action, which may include directions to the University on how to maintain appropriate objectivity in the funded project.

(9) Collaborators/sub-recipients/subcontractors from other academic or not for profit institutions must comply with this policy. The University must incorporate, as part of a written agreement with the subrecipient, terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient's Investigators. Additionally, if the subrecipient's Investigators must comply with the subrecipient's financial conflicts of interest policy, the agreement referenced above shall specify time period(s) for the subrecipient to report all identified financial conflicts of interest to the awardee Institution. Such time period(s) shall be sufficient to enable the awardee Institution to provide timely FCOI reports, as necessary. Alternatively, if the subrecipient's Investigators must comply with the awardee Institution's financial conflicts of interest policy, the agreement referenced above shall specify time period(s) for the subrecipient to submit all Investigator disclosures of significant financial interests to the awardee Institution. Such time period(s) shall be sufficient to enable the awardee Institution to comply timely with its review, management, and reporting obligations.
Appendix 9.08b  Charter of the MUSC Research Conflict of Interest Committee

BACKGROUND/HISTORY:

In furtherance of the mission of the Medical University of South Carolina, and in compliance with federal regulations, a University goal is to advance scientific discoveries that benefit humanity. In 1980, the United States Congress explicitly sanctioned and facilitated by legislation, the commercialization of inventions by permitting academic institutions and scientists to benefit financially if their federally sponsored research leads to commercial products. In addition, interaction between research universities and industry enhances the rapid application of scientific discoveries to the needs of society and maintains international competitiveness of domestic industries.

In 1995, The Board of Trustees of the Medical University of South Carolina approved policies and procedures regarding conflict of interest in relationship to “sponsored research projects, research education and university service”. The purpose of the Research Conflict of Interest Committee is to protect the credibility and integrity of the University’s faculty and staff so that public trust and confidence in faculty and staff actions are shown to be without interest in personal gains, financial or otherwise. Policies and procedures regarding conflict of interest are provided in the Medical University Hospital Authority Policies and Procedures, are referenced in the MUSC Faculty Handbook, and can be found on the MUSC Conflict of Interest website (www.musc.edu/coi).

The Medical University of South Carolina, as a state agency, is governed by the Federal and State Ethics acts which prohibit MUSC from acquiring an equity and/or ownership in private ventures and further restricts how state/public funds are expended. The governing board of the University remains sensitive in the oversight of all potentially conflicting situations to ensure that MUSC is in compliance with all state and federal laws.

As the Medical University of South Carolina conducts research funded by the Public Health Service, it is required by federal law to maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F “Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought”.


Financial conflicts of interest are disclosed on an annual basis. Whenever a new conflict of interest arises or when a significant change occurs concerning an existing disclosure, a new disclosure form is completed and submitted for review either in advance of the anticipated change or within 30 days of the event.

CLASSIFICATION:

The Research Conflict of Interest Committee is an enterprise-wide standing committee. The Vice President for Academic Affairs and Provost will review the Charter annually for continued need and for revisions, as appropriate.

FORMAL CHARGES:

The MUSC Research Conflict of Interest Committee shall establish and maintain oversight of any perceived or real conflict arising directly or indirectly from research, whether sponsored research, non-sponsored research, start-up ventures, or other activities that require research objectivity under circumstances that could be influenced by personal financial gain. Questions
of financial conflict of interest, whether perceived or real, should be referred to this Committee. Specific charges for the Committee are to:

- Conduct an assessment of all annual Conflict of Interest Disclosures related to research activities as well as other potential sources of conflict of interest disclosure, e.g., Proposal Data Sheets, outside professional activity related to faculty start-up ventures and applications for IRB approval.
- Report to the University Conflict of Interest Official and the Associate Provost for Research the nature of the conflict of interest and the action taken by the Committee.
- Approve or disapprove plans to manage perceived or real conflict of interest, where appropriate, and recommend any corrective actions as necessary to assure that the approved management plan is followed.
- Provide minutes of Committee meetings as well as an annual report of the Committee’s activities to the University Conflict of Interest Official and the Associate Provost for Research.
- Maintain an awareness of financial conflict of interest policies and guidelines issued by entities that sponsor research such as Public Health Service (PHS) (e.g., Health and Human Services (HHS), National Institutes of Health (NIH), Food and Drug Administration (FDA)), National Science Foundation (NSF), industry, foundations and not for profit organizations.
- Review existing policies related to the reporting and management of potential faculty, staff, and institutional financial conflict of interest at the request of the University Conflict of Interest Committee and the University Conflict of Interest Official, if applicable, to recommend new and/or revised policies and procedures to ensure appropriate oversight and management of University financial conflict of interest related to research.

REPORTING CHANNELS/PROCEDURES:

The Research Conflict of Interest Committee Chair will be a standing member of the University Conflict of Interest Committee, serving as a liaison between these committees. The Committee shall report to the University Conflict of Interest Official and will copy reports of the Committee’s final deliberations as appropriate to the Associate Provost for Research and the University Compliance Officer.

Violations of University or Authority policies, including failure to avoid a prohibited activity or disclose a conflict of interest in a timely manner, will be addressed in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

If an investigator has failed to comply with the MUSC conflict of interest policy and this has potentially biased the design, conduct or reporting of the PHS funded research, the Director of the Office of Research and Sponsored Programs will promptly notify the awarding agency of the corrective action implemented.

MEMBERSHIP/TERMS OF APPOINTMENT:

Because of the focus on faculty research, the MUSC Research Conflict of Interest Committee shall be composed of faculty and research support staff. The voting members of the Committee shall be composed of a minimum of five individuals who hold faculty appointments and who
represent a reasonable cross section of the academic disciplines that are involved in scholarly research. All faculty members shall be appointed by the Vice President for Academic Affairs and Provost to serve staggered three-year terms. Initially, two faculty appointments will be for one year, two faculty appointments will be for two years and two faculty appointments will be for three years. All subsequent faculty appointments will be for three years and a member who serves two consecutive three-year terms shall not be reappointed for at least two years after completing those terms.

In addition, the Committee shall have the following non-voting members who shall serve in an ex officio capacity: MUSC Conflict of Interest Officer; Director, Office of Research and Sponsored Programs; MUSC General Counsel; Executive Director, MUSC Foundation for Research Development; Director, Office of Research Integrity; Director, University Compliance; Director, University Risk Management.

All Committee members must agree and complete statements indicating that all information and deliberations are confidential.

OFFICERS:
A Chair shall be appointed by the Vice President for Academic Affairs and Provost and will serve a two-year term and may be reappointed at the discretion of the Vice President for Academic Affairs and Provost. Upon the recommendation of the Committee Chair, a Vice Chair may also be appointed by the Vice President for Academic Affairs and Provost for an undeclared term and with the authority to conduct any necessary business during the Chair’s absence.

AD-HOC SUBCOMMITTEES:
There may be ad-hoc, task-oriented subcommittees appointed as needed by the Chair.

FREQUENCY OF MEETINGS:
The Committee shall meet monthly. Additional meetings may be called or regularly scheduled meetings may be cancelled by the Committee Chair or by two thirds of the voting members of the Committee. Cancellation of a scheduled meeting should involve the lack of urgent or sufficient items of business, or too few members present to constitute a quorum.

NOTICE OF MEETINGS:
An annual schedule of Committee meetings shall be determined at the beginning of each academic year. Notification of meetings shall be in compliance with South Carolina State Law.

MEETING AGENDA AND SUPPORT MATERIAL:
A formal meeting agenda and appropriate supportive materials shall be available for each Committee member.

COMMITTEE MINUTES:
The minutes of each meeting shall be prepared in draft form and approved by the Committee Chair. Because of the need to resolve particular issues in a timely manner, it is important that the draft minutes containing all actions or rulings be forwarded to the University Conflict of Interest Official, with copies to the Associate Provost for Research, within 2 weeks of the meeting.

COMMITTEE REPORTS:
The Committee Chair shall make available all needed written reports, recommendations, or
inquiries on behalf of the Committee to the University Conflict of Interest Official. Formal
rulings of the Committee will be reported in Committee minutes and in the Committee’s annual
report. Records of all financial disclosures and all actions taken by the Research Conflict of
Interest Committee will be maintained for at least three years from the date of submission of the
final expenditures report(s) for the applicable project(s) or, where applicable, from other dates
specified in South Carolina State law, 42 CFR 50 Subpart F or by other federal funding or
oversight agencies.

**STAFF SUPPORT:**

The Office of the Vice President for Academic Affairs will provide staff assistance to the
Committee and its Chair.

**MEETING QUORUM:**

A simple majority of the voting Committee membership will constitute the necessary quorum for
conducting official Committee business.

**AMENDMENT TO THIS CHARTER:**

Should any amendment to this charter be required, the Vice President for Academic Affairs and
Provost shall work with the Committee Chair to craft an amendment suitable to all parties. The
amended charter shall be completed, signed and issued with all possible haste. When the
initiative for such an amendment comes from the Committee, a written request from the Chair to the
Vice President for Academic Affairs and Provost shall be provided.

Appendix 9.08c  MUSC Faculty Start-Up Ventures: Policies and Guidelines

I. INTRODUCTION

This document establishes guidelines for faculty involvement in Faculty
Start-up ventures and/or companies that involve intellectual property developed by faculty or
staff employed by or working at the Medical University of South Carolina (MUSC), University
Medical Associates (UMA), and Medical University Hospital Authority (MUHA). Questions
regarding this policy should be directed to the Office of the Associate Provost for Research.

Faculty Start-up Ventures refer to new companies established from intellectual property licensed
from the Foundation of Research Development and the Medical University of South Carolina. These guidelines may also be applicable to newly recruited faculty that developed start-up ventures in their previous employment.

MUSC recognizes that the translation of discoveries made in research laboratories into applications can have significant benefits for society and is an important component of the overall mission of the academic community, as well as the strategic economic plan of the State of South Carolina. Research from our nation’s universities is a major source of discoveries, patents and intellectual property essential for the country’s continuing economic development. Federal and state entities encourage and promote academic and industry relationships through laws such as the federal Bayh–Dole Act and the Life Sciences Act of South Carolina.

The relationships between universities and industry have substantially increased over the last several years and this will likely facilitate the translation of biomedical discoveries into broader benefit for society. Such relationships may introduce risk and potential for conflicts of interest and conflict of commitment. MUSC will manage these issues in an equitable manner with the
goal of empowering the development process in accordance with all federal and state guidelines and the MUSC/MUHA Conflict of Interest Policy. Faculty members considering involvement with Faculty Start-up Venture must review this document and discuss any involvement with the Director of the Foundation for Research Development and the Associate Provost for Research to facilitate the process. In addition, discussions with the Chair of the MUSC’s Research Conflict of Interest Committee (http://academicdepartments.musc.edu/provost/committees/conflict_int.htm) may be worthwhile.

II. PROCESS

Faculty involvement with Faculty Start-up Ventures must be reviewed and approved by the Department Chair, Division Director and College Dean for the faculty member and the Associate Provost for Research. In addition, the MUSC Research Conflict of Interest Committee will review any such involvement to assure compliance with MUSC/MUHA Conflict of Interest Policy. The process involves completion of the following documents.

**REQUEST FOR APPROVAL OF OUTSIDE PROFESSIONAL ACTIVITY RELATED TO FACULTY START-UP VENTURE**

http://academicdepartments.musc.edu/frd/documents/Faculty%20Start%20Up%20Venture%20Approval.doc

**MUSC FINANCIAL INTEREST DISCLOSURE FORM**

http://research.musc.edu/orsp/Financial%20Interest%20Disclosure%20(Research).doc

Completed documents are submitted to the Office of the Associate Provost for Research along with a cover letter from the faculty member providing background on the Faculty Start-up Venture including management structure, the faculty member’s anticipated involvement in the Faculty Start-up Venture and the relationship of this involvement to their function as a MUSC faculty member. The submitted material is reviewed by the Associate Provost for Research. Following this initial review the submitted material will be distributed to the Department Chair and College Dean for review and signature and then forwarded to the MUSC Research Conflict of Interest Review Committee.

III. DEFINITIONS

- **Conflicts of interest** occur when an employee or immediate family member receives personal financial benefit or an economic interest from the employee's position in a manner that may inappropriately influence the employee's judgment, compromise the employee's ability to carry out MUSC/MUHA responsibilities or, be a detriment to MUSC/MUHA integrity.

- **An individual** conflict of interest in science refers to situations in which financial or other considerations may compromise, or have the appearance of compromising, judgment of a faculty member or investigator in the design, conduct, analysis or reporting of research.

- **An institutional** conflict of interest may arise when the institution, a department, college or other subunit or affiliated entity, or any of its senior management or trustees, has an external relationship or interest in a company that itself has a financial interest in a research project, and/or is involved with significant commercial transactions with the institution. The potential institutional conflict of interest (real or perceived) may relate to various aspects of the review or conduct of university research as well as financial and/or resource allocation considerations.
A conflict of commitment arises when a faculty member or investigator undertakes external commitments, i.e., consulting or outside business start-up activities, or outside research activities, which may unduly influence the scope of the member’s primary obligations to the University, and/or give the appearance that University resources are being expended for outside non-sanctioned purposes. Such external commitments require approval of the Division Director, if appropriate, Departmental Chair and Dean of the College holding the primary appointment of the faculty member. A general guideline is that such external commitment should not exceed one day per week. Such external commitment and activities should not involve the facilities or resources of the university as defined by the MUSC/MUHA Conflict of Interest Policy and do not void the university’s right to any intellectual property developed under the aegis of these external activities as defined in INTELLECTUAL PROPERTY: POLICIES AND PROCEDURES (http://frd.musc.edu/assets/files/pdf/FY09%20IP%20Policy.pdf). All such activities must be in accordance with the rules and policies of the State of South Carolina and the Federal Government and the MUSC/MUHA Conflict of Interest Policy. Such external commitment should be defined in the annual MUSC Faculty Appointment Contract.

IV. DISCLOSURE

- Central to any policy regarding Faculty Start-up Ventures is the proper disclosure by individuals involved in such endeavors, which allows the University to effectively manage any perceived or real conflicts of interest.
- All faculty and administrative staff shall disclose any conflict of interests using the MUSC web-based disclosure mechanism. Such disclosure is made on an annual basis as defined by the MUSC/MUHA Conflict of Interest Policy.
- Whenever a new conflict of interest arises or when a significant change occurs concerning an existing disclosure, a new disclosure form must be completed and submitted for review either in advance of the anticipated change in situation or within 30 days of the event.
- Individuals must disclose intellectual property developed at MUSC to the MUSC Foundation for Research Development using the appropriate “Record of Invention” form as stated in the MUSC policy on intellectual property,
- Faculty involved in activities associated with a Faculty Start-up Venture must complete the form REQUEST FOR APPROVAL OF OUTSIDE PROFESSIONAL ACTIVITY RELATED TO FACULTY START-UP VENTURE and a FINANCIAL INTEREST DISCLOSURE FORM that includes disclosure of any significant financial interest that might constitute a real or perceived conflict of interest relative to the Faculty Start-up Venture and its operations.
- The Public Health Service and the Office of Health and Human Services define a significant financial interest as involving financial ties valued at 5% or greater equity, or $10,000 or greater (http://grants2.nih.gov/grants/guide/notice-files/not95-179.html). However, faculty involved with Faculty Start-up Ventures must disclose all financial ties, including rights to receive future financial benefits, federal grants and other financial support to avoid any misinterpretations whenever Faculty Start-up Ventures are being considered.
- Faculty will also disclose any conflict of interest by checking the “Conflict of Interest – Faculty Start-up” block on the electronic Proposal Data Sheet for sponsored research. A research proposal may be submitted prior to having any conflict of interest approved by
the MUSC Research Conflict of Interest Review Committee, but this must be approved
prior to beginning the research activity.

- Involvement of a faculty member and his/her role in start-up ventures must be disclosed
  in publications and oral presentations, to sponsors, and to colleagues in joint proposals.

- Failure to fully disclose any issue encompassed by this policy statement may compromise
  the objectives of the venture based on intellectual property development and will result in
  review and appropriate disciplinary action as defined in the MUSC/MUHA Conflict of
  Interest Policy.

V. FACULTY AND TRAINEE INVOLVEMENT

- Faculty may serve on the Board of Directors or Scientific Advisory Board of the Faculty
  Start-up Venture provided it is understood that the faculty member does not represent
  MUSC while serving in such a capacity and that the activities should not have any
  conflict of financial interest with regard to either party.

- Faculty members should not hold a management position in the Faculty Start-Up
  Venture. It is realized that there may be a period of early development for the start-up
  venture or a unique corporate operational structure that necessitates such a management
  structure. However, any operational structure in which faculty hold a management
  position in the Faculty Start-up Venture must be approved on an individual basis by the
  Office of the Associate Provost for Research and the MUSC Research Conflict of Interest
  Committee.

- Faculty may receive compensation to consult for the faculty start-up venture provided
  that their role has been fully disclosed and approved through completion of the form:
  REQUEST FOR APPROVAL OF OUTSIDE PROFESSIONAL ACTIVITY RELATED
  TO FACULTY START-UP VENTURE.

- As a public, educational institution, MUSC engages its students and post-doctoral
  trainees in research-related activities as part of their educational and training experience.
  Guidelines for any involvement of student and post-doctoral trainees in research related
  to Faculty Start-up Ventures are provided at
  www.musc.edu/grad/students/forms/conflict/index.html?from=student.

- The Faculty member or members of their laboratory may not receive funds for research
  activities from the Faculty Start-up Venture if the faculty member or their immediate
  family hold or have a right to receive equity in the company. This requirement may be
  waived by the Associate Provost for Research for PHASE I Small Business
  Technology Transfer (STTR) or other federal or state awarded funds on a case by case
  basis.

- Many federal and state agencies have initiatives that support the research development of
  small businesses (www.sba.gov/SBIR/) through Small Business Innovation Research
  (SBIR) or STTR grants. Such funding opportunities often present complex conflict of
  interest issues for faculty. General Guidelines for faculty involved with such federal
  granting mechanism are as follows:
    - The Principal Investigator and any subcontracted investigators should be
      different individuals.
    - In general, the Principal Investigator should not hold a management position
      in the Faculty Start-up Venture.
- A clear distinction must be defined between the work done in a Faculty Start-
up Venture and that work done as a member of the MUSC faculty. All work
done using campus resources (personnel, material, facilities) must comply
with MUSC policy.
- The Principal Investigator for the campus portion of any research award or
subcontract associated with a Faculty Start-up Venture must submit the entire
proposal to the Office of Research and Sponsored Programs for appropriate
review before submission of the proposal.

VI. GENERAL GUIDELINES FOR INTERACTION OF UNIVERSITY WITH
FACULTY START-UP VENTURES

- Any research activities related to Faculty Start-Up Ventures on University premises
  requires the approval of the Associate Provost for Research.
- All appropriate constituencies will be made aware of involvement with the Faculty Start-
  up Venture and all research findings are open to publication in scientific journals.
- If a Faculty Start-up Venture initiates a contract with the University for support of further
  research related to development of the intellectual property, the Venture will assume the
  full cost of research personnel and resources associated with this agreement including
  Facilities & Administrative costs at the current rate with federal agencies. In compliance
  with the State Ethics Laws, University resources may not be expended for the Venture’s
  gain, nor may the use of one’s University position be used for personal financial gain.
- A confidential disclosure agreement may be required or strongly advised when working
  with an outside organization and these agreements must be reviewed and approved by the
  university’s Legal Counsel.
- It is recognized that there may be a need for committed space during early stages of
  development of intellectual property and Faculty Start-up Ventures involving NIH, NSF
  or other federal funding agencies. Recognizing this need in order to successfully
  compete for external federal funding, requests for limited licensing of MUSC space for
  this purpose may be considered by the office of the Associate Provost for Research for
  federal PHASE 1 STTR awards. Such licensing of space for this purpose will be on a
time-limited basis with the objective of sustaining such initiatives at early stages of
development until dedicated incubator space is identified.

This process involves submission of the form REQUEST TO LICENSE MUSC
SPACE AND/OR PHYSICAL ASSETS” to the Associate Provost for Research.

http://frd.musc.edu/assets/files/pdf/Request%20to%20License%20MUSC%20Space.pdf

The submitted material will initially be reviewed by the Associate Provost for Research.
Following this initial review, the submitted material will be distributed to the Department
Chair and College Dean for review and signature and then forwarded to the MUSC
Research Conflict of Interest Review Committee. Approved requests will then be
implemented through submission of the completed STTR Space License Agreement to
the Office of the Associate Provost.

http://frd.musc.edu/assets/files/pdf/STTR%20SPACE%20License%20Agreement.pdf

- Rights to intellectual property resulting from a company's use of space and interaction
  with MUSC personnel will be governed by a separate agreement between the company
  and the MUSC Foundation for Research Development.
Any involvement by the Faculty Start-up Venture and any related intellectual property developed by individual faculty involving clinical trials must be communicated in related IRB protocols and in the informed consent documents, as appropriate. Similar information must be communicated to any collaborators, co-investigators at MUSC and multi-site participants for such studies. When clinical trials involving university technology that has been licensed to a Faculty Start-up Venture involving MUSC faculty, or their immediate family, who hold equity or a right to receive equity, MUSC will contract for an outside IRB and/or independent clinical monitors to have the research conducted at MUSC with any associated expenses paid for by the company. In such cases where there is a significant level of potential or real conflict that cannot be resolved or managed, MUSC will turn over management of the conflict of interest to an outside professional management firm with associated expenses paid for by the Faculty Start-up Venture.

MUSC, as a public agency, must be reimbursed for administrative expenses related to Faculty Start-Up ventures or outside consulting activities. Assuming outside activities do not interfere with University obligations and reasonably constitute “incidental use of state property”, they may be completed in the faculty member’s office. A clear distinction must be defined between the work done in a Start-up Venture and that work done as a member of the MUSC faculty. All work done using campus resources (personnel, material, facilities) must comply with the MUSC/MUHA Conflict of Interest Policy.
Appendix 9.08d  Charter of the MUSC Administrative and Clinical Conflict of Interest Committee

Policy Approved by Provost 3/31/2010

BACKGROUND/HISTORY:

In furtherance of the mission of the Medical University of South Carolina, and in compliance with Federal Regulations, a University goal is to advance and apply academic and scientific discoveries that benefit humanity.

In 1980 through legislation the United States Congress explicitly sanctioned and facilitated the commercialization of inventions by permitting academic institutions and scientists to benefit financially if their federally sponsored research leads to commercial products. In addition, interaction between research universities and industry enhances the rapid application of scientific discoveries to the needs of society and maintains international competitiveness of domestic industries.

In 1995 the Board of Trustees of the Medical University of South Carolina approved policies and procedures regarding Conflicts of Interest in relationship to “sponsored projects, research education and University service”.

In 2009 the Board of Trustees of the Medical University of South Carolina approved further policies and procedures regarding Conflicts of Interest in relationship to all aspects of the academic, clinical, administrative, and research responsibilities of all University employees, officers and Board members.

The purpose of this Administrative and Clinical Conflict of Interest Committee is to protect the credibility and integrity of the University enterprise’s faculty and staff so that public trust and confidence in their actions are without interest in personal gains, financial or otherwise. In addition to the existing University Research Conflict of Interest Committee, this second Committee is hereby charged to review actual and perceived conflicts of interest disclosed among the academic, clinical, administrative and research responsibilities of all enterprise employees. Policies and procedures regarding conflict of interest are provided in the Medical University of South Carolina and Medical University Hospital Authority Policies and Procedures and are referenced in the MUSC Faculty Handbook. Additional written policies exist in the College of Medicine and the MUSC clinical faculty practice plan, and University Medical Associates; these are designed to provide interpretive guidance to University employees.

The Medical University of South Carolina, as a State agency, is governed by Federal and State Ethics acts, which prohibit MUSC from acquiring an equity and or ownership in private ventures and further restricts how state/public funds are expended. The governing board of the University remains sensitive in their oversight of all potentially conflicting situations to insure that MUSC is in compliance with all state and federal laws.

Because the Medical University of South Carolina conducts research funded by the Public Health Service, it is required by federal law to maintain an appropriate written, enforced policy on conflict of interest that complies with 42 CFR Part 50 Subpart F – “Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought”.

Since 2009, financial conflicts of interest are to be disclosed annually in an on-line questionnaire and updated as appropriate. Whenever a new conflict of interest arises or when a significant change occurs concerning an existing disclosure, a new on-line disclosure must be entered and submitted for review, either in advance of the anticipated change in situation, or within 30 days of the event.

CLASSIFICATION:
This is an MUSC enterprise-wide standing committee.

FORMAL CHARGES:
The MUSC Administrative & Clinical Conflict of Interest Committee shall establish and maintain oversight of any actual or perceived conflicts arising directly or indirectly from administrative, clinical and professional academic activities as well as other potential sources of COI. These activities, with or without the conduct of research in any form, may provide perceived or actual obstacles to an employee’s objectivity under circumstances that could be influenced by personal financial gain. Questions of financial conflicts of interest, whether perceived or actual, should be referred to this Committee. Specific charges for the committee are to:

- Conduct a review of the annual on-line Faculty Conflict of Interest disclosures related to administrative, clinical and professional academic activities as well as other potential sources of COI. These disclosures will include full listings of professional activities conducted outside the scope of university assigned duties.
- Report to the Office of the Vice President for Academic Affairs and Provost, with copies to the Associate Provost for Research, on the nature of the conflicts of interest reported and the actions taken by the Committee.
- Approve or disapprove plans to manage apparent or real conflict of interest situations, where appropriate, and recommend any corrective measures to assure that the approved management plan is followed.
- Provide minutes of Committee meetings as well as a summative annual report of the Committee’s activities to the Vice President for Academic Affairs and Provost, with copies to the Associate Provost for Research.

REPORTING CHANNELS/PROCEDURES:
The Committee shall report to the Vice President for Academic Affairs and Provost; and it will copy reports of the Committee’s final deliberations both to the Associate Provost for Research and to the University Compliance Officer.

Violations of Board of Trustee policies, including the failure to avoid a prohibited activity or the failure to disclose a conflict of interest in a timely manner, will be dealt with in accordance with applicable policies and procedures that may include disciplinary actions up to and including termination of employment.

If an employee or faculty member has failed to comply with the MUSC Conflict of interest policy, and if this has potentially biased the design, conduct or reporting of PHS-funded research, the Director of the Office of Research and Sponsored Programs will promptly notify the Awarding Agency in accordance with 42 CFR Part 50 Subpart F – “Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought”.
MEMBERSHIP:

Because of the focus on employee activities, the MUSC Administrative and Clinical Conflict of Interest Committee shall be composed of faculty and University support staff. The voting members of the Committee shall be composed of a minimum of five individuals who hold faculty appointments and who represent a reasonable cross section of the academic disciplines. Faculty shall be appointed by the Vice President for Academic Affairs and Provost to serve staggered three-year terms.

In addition, the Committee shall have the following non-voting members or their designee who shall serve in an *ex officio* capacity: MUSC General Counsel, MUH General Counsel, Director of University Compliance, Director of University Risk Management and other administrative representatives from the university and its colleges. Guests may be invited by the chair to attend Committee meetings, as appropriate.

Some members of this committee also participate in the existing Research Conflict of Interest Committee. Because conflicts of interest, whether perceived or actual, may exist across multiple areas of activity and responsibility, regular communications between the two committees is strongly encouraged.

All committee members and invited guests must agree that all information and deliberations are confidential.

OFFICERS:

A chair shall be appointed by the Vice President for Academic Affairs and Provost and will serve a two-year term. Upon the recommendation of the Committee chair, a vice chair may also be appointed by the Vice President for Academic Affairs and Provost for an undeclared term and with the authority to conduct any necessary business during the chair’s absence.

SUBCOMMITTEES:

An Executive Committee may be formed to facilitate processing and initial evaluation of disclosures and to determine if full committee review is necessary as defined in the University’s policies and procedures. There may be task-oriented subcommittees appointed as needed by the chair.

FREQUENCY OF MEETINGS:

The Committee shall meet at least quarterly. Additional meetings may be called, or regularly scheduled meetings may be canceled by the chair or two-thirds of the voting members of the Committee. Cancellation of a scheduled meeting should involve the lack of urgent or sufficient items of business, or if too many members will be unable to attend.

NOTICE OF MEETINGS:

An annual schedule of Committee meetings shall be determined at the beginning of each academic year. Notification of Meetings shall be in compliance with South Carolina State Law.

MEETING AGENDA AND SUPPORT MATERIAL:

A formal meeting agenda and appropriate supportive materials shall be available for each Committee member.
COMMITTEE MINUTES:

Summary minutes of each meeting shall be prepared in draft form and approved by the Committee chair. Because of the need to resolve particular issues in a timely manner, it is important that the draft minutes containing all actions or rulings be forwarded to the Vice President for Academic Affairs and Provost, with copies to the Associate Provost for Research, within 2 weeks of the meeting.

COMMITTEE AND SUBCOMMITTEE REPORTS:

The Committee chair shall make all needed written reports, recommendations, or inquiries on behalf of the Committee to the Vice President for Academic Affairs and Provost. Formal rulings of the Committee will be reflected in the Committee’s annual report. Records of all financial disclosures and all actions taken by the Administrative & Clinical Conflict of Interest Committee will be maintained for at least three years from the date of submission of the final expenditures report(s) for the applicable project(s) or, where applicable, from other dates specified in South Carolina State law, 45 CFR 50 Subpart F or by other federal funding or oversight agencies.

STAFF SUPPORT:

Staff assistance to the Committee and the Committee Chair shall be provided by the Office of the Vice President for Academic Affairs and Provost.

MEETING QUORUM:

A simple majority of the voting Committee membership will constitute the necessary quorum for conducting official Committee business.

AMENDMENT TO THIS CHARTER:

Should any amendment to this charter be required, the Vice President for Academic Affairs and Provost shall work with the committee chair to derive an amendment suitable to all parties. The amended charter shall be completed, signed, and issued with all possible haste. When the initiative for such amendment comes from the Committee, a written request from the chair to the Vice President for Academic Affairs and Provost shall be provided.

Professional relationships

Covered persons include employees, members of the medical staff, members of the house staff, other members of the workforce, students, and trainees. This policy covers financial relationships affecting our mission in education.


Appendix 9.09 University Compliance Plan

http://academicdepartments.musc.edu/uco/uc_plan.htm

Appendix 9.11 Department Chair, Dean and Provost Evaluation Form

[Evaluation forms for Provost, Deans, Department Chairs are included.]
**Provost Evaluation**

**Academic Year 2008-2009**

Rate the Provost on each of the following activities using the scale below:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Utilizes available data in sound decision-making.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>2. Has good rapport with his faculty.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>3. Encourages the expression of ideas, opinions, and viewpoints.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>4. Properly involves faculty in short and long range planning.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>5. Is willing to take an unpopular stand on issues.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>6. Projects a good image of the University.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>7. Is effective in organizing and directing the activities of the University.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>8. Communicates his/her vision for the University.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>9. Approaches problems and tasks with a positive attitude.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>10. Exhibits flexibility and adaptability when addressing problems.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>11. Demonstrates dedication to promoting the tripartite mission of MUSC.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>12. Acknowledges the critical issues in the University.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>13. Promotes professional development.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>14. Promotes and supports diversity.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>15. Fosters interprofessional collaboration among faculty, staff, and students.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>16. Overall performance of the Provost.</td>
<td>1 2 3 4 5 6</td>
</tr>
<tr>
<td>17. Please list any specific recommendations for the Provost to address the current budget situation.</td>
<td></td>
</tr>
<tr>
<td>18. Please list any specific recommendations to improve his performance.</td>
<td></td>
</tr>
</tbody>
</table>
Dean Evaluation

Academic Year 2008-2009

Dean: [Name]

College:  __Dental Medicine   __Grad Studies  __Health Prof  __Medicine   __Nursing  __Pharmacy

Rate your Dean’s performance on each of the following activities using the scale below:

1=Unacceptable  2=Poor     3=Adequate     4=Good     5=Excellent     6=Don’t Know

1. Utilizes available data in sound decision-making.  1 2 3 4 5 6
2. Has good rapport with his/her faculty.  1 2 3 4 5 6
3. Encourages the expression of ideas, opinions, and viewpoints.  1 2 3 4 5 6
4. Properly involves faculty in short and long range planning.  1 2 3 4 5 6
5. Is willing to take an unpopular stand on issues.  1 2 3 4 5 6
6. Projects a good image of the College.  1 2 3 4 5
7. Is effective in organizing and directing the activities of the College.  1 2 3 4 5 6
8. Communicates his/her vision for the College.  1 2 3 4 5 6
9. Addresses concerns regarding the budget situation.  1 2 3 4 5 6
10. Explains actions taken to address the current budget situation.  1 2 3 4 5 6
11. Approaches problems and tasks with a positive attitude.  1 2 3 4 5 6
12. Exhibits flexibility and adaptability when addressing problems.  1 2 3 4 5 6
13. Demonstrates dedication to promoting the tripartite mission of MUSC.  1 2 3 4 5 6
14. Acknowledges the critical issues in the College.  1 2 3 4 5 6
15. Promotes professional development.  1 2 3 4 5 6
16. Promotes and supports diversity.  1 2 3 4 5 6
17. Fosters interprofessional collaboration among faculty, staff, and students.  1 2 3 4 5 6
18. Overall performance of my Dean.  1 2 3 4 5 6
19. Please list any specific recommendations for your dean to address regarding the current budget situation.

20. Please list any specific recommendations to improve his/her performance.
Chair: [Name]

Rate your Chair's performance on each of the following activities using the scale below:

1=Unacceptable   2=Poor   3=Adequate   4=Good   5=Excellent   6= Don’t Know

A. Leadership / Communication Skills:
   1. Acts promptly and decisively.  1 2 3 4 5 6
   2. Is accessible.  1 2 3 4 5 6
   3. Communicates clearly.  1 2 3 4 5 6
   4. Is respectful of the ownership of individual faculty member’s ideas and work.  1 2 3 4 5 6
   5. My chair addressed my concerns regarding the budget situation.  1 2 3 4 5 6
   6. My chair has explained actions taken to address the budget situation.  1 2 3 4 5 6

B. Planning and Goal-Setting:
   7. Shows sound judgment in making decisions.  1 2 3 4 5 6
   8. Builds linkages between the department and outside individuals, groups, and organizations.  1 2 3 4 5 6
   9. Involves faculty in planning and decision making, including budget and appointments.  1 2 3 4 5 6
   10. Leads with vision in developing plans for achieving department goals.  1 2 3 4 5 6

C. Division of work and evaluation of performance:
   11. Distributes department tasks fairly and realistically among faculty.  1 2 3 4 5 6
   12. Assumes an appropriate share of the department workload.  1 2 3 4 5 6
   13. Gives clear and consistent messages to faculty about expectations for performance.  1 2 3 4 5 6

D. Strengthening and supporting departmental missions:
   Teaching:
   14. Stimulates quality and innovative teaching.  1 2 3 4 5 6
   15. Appreciates and rewards faculty for teaching.  1 2 3 4 5 6
   16. Allocates appropriate resources, including time, to teaching.  1 2 3 4 5 6

   Research:
   17. Stimulates research and scholarly activity within the department.  1 2 3 4 5 6
18. Appreciates and rewards faculty research activity. 1 2 3 4 5 6
19. Allocates appropriate resources, including time, to research. 1 2 3 4 5 6

Clinical Service (if applicable):

20. Appreciates and rewards faculty for clinical service. 1 2 3 4 5 6
21. Allocates appropriate resources for clinical service. 1 2 3 4 5 6
22. Protects faculty from excess demands of clinical service. 1 2 3 4 5 6

E. Support of Faculty Interaction and Inclusiveness:

23. Applies policy consistently and without personal bias, including salary matters. 1 2 3 4 5 6
24. Effectively promotes cooperation among faculty. 1 2 3 4 5 6
25. Treats, faculty, staff, and students with dignity and respect. 1 2 3 4 5 6
26. Promotes and supports diversity. 1 2 3 4 5 6
27. Maintains faculty morale by preventing or resolving conflicts. 1 2 3 4 5 6

F. Faculty Development

28. Serves as a role model and mentor to faculty. 1 2 3 4 5 6
29. Facilitates the professional development of each faculty member. 1 2 3 4 5 6
30. Allocates resources to support faculty enrichment. 1 2 3 4 5 6
31. Assigns work taking into account individual professional goals of faculty. 1 2 3 4 5 6
32. Fosters interprofessional collaboration among faculty, staff, and students. 1 2 3 4 5 6

G. Management of Budget and Resources

33. Manages the department budget effectively and fairly. 1 2 3 4 5 6
34. Involves faculty in discussions of budget and resources. 1 2 3 4 5 6
35. Provides adequate departmental clerical and staff support. 1 2 3 4 5 6

H. Global Assessment:

36. Overall performance of this chair. 1 2 3 4 5 6
1. What are the strengths of this administrator?
2. What are the areas needing improvement for this administrator?
3. What specific recommendations do you have to improve the performance of this administrator?
4. What suggestions do you have for your chair to address your concerns about the budget crisis?
Rate this library director’s performance on each of the following activities using the scale below:

1=Unacceptable  2=Poor  3=Adequate  4=Good  5=Excellent  6= Don’t Know

A. Leadership / Communication Skills:
1. Acts promptly and decisively.  
2. Is accessible.  
3. Communicates clearly.  
4. Is respectful of the ownership of individual faculty member’s ideas and work.  
5. Addressed my concerns regarding the budget situation.  
6. Explained actions taken to address the budget situation.

B. Planning and Goal-Setting:
7. Shows sound judgment in making decisions.  
8. Builds linkages between the library and outside individuals, groups, and organizations.  
9. Involves faculty in planning and decision making, including budget and appointments.  
10. Leads with vision in developing plans for achieving department goals.

C. Division of work and evaluation of performance:
11. Distributes department tasks fairly and realistically among faculty.  
12. Assumes an appropriate share of the department workload.  
13. Gives clear and consistent messages to faculty about expectations for performance.

D. Library Program:
14. Reflects the mission of the institution.  
15. Proactively responds to the changing educational, research, and clinical environment.  
16. Effectively participates in decision-making at the university level.  
17. Positions library for the future.

E. Service and Innovation:
17. Stimulates and fosters an atmosphere of service and innovation.  
18. Appreciates and rewards faculty for service and innovation.
19. Allocates appropriate resources, including time and people to service and innovation.

F. **Professionalism:**
   23. Encourages participation and contribution to the profession.  
   24. Participates and contributes on regional and national level in profession.

G. **Support of Faculty Interaction and Inclusiveness:**
   28. Applies policy consistently and without personal bias, including salary matters. 
   29. Effectively promotes cooperation among faculty. 
   30. Treats, faculty, staff, and students with dignity and respect. 
   31. Promotes and supports diversity. 
   32. Maintains faculty morale by preventing or resolving conflicts.

H. **Faculty Development**
   26. Serves as a role model and mentor to faculty. 
   27. Facilitates the professional development of each faculty member. 
   28. Allocates resources to support faculty enrichment. 
   29. Assigns work taking into account individual professional goals of faculty. 
   30. Fosters interprofessional collaboration among faculty, staff, and students.

I. **Management of Budget and Resources**
   33. Manages the department budget effectively and fairly. 
   34. Involves faculty in discussions of budget and resources. 
   35. Provides adequate departmental clerical and staff support.

J. **Global Assessment:**
   36. Overall performance of library director.
   5. What are the strengths of this administrator? 
   6. What are the areas needing improvement for this administrator? 
   7. What specific recommendations do you have to improve the performance of this administrator? 
   8. What suggestions do you have for this administrator to address your concerns about the budget crisis?
Appendix 9.12  Drug free workplace policy HR 47
http://www.musc.edu/hrm2/policies/policy47.html

Appendix 9.14  Sexual Harassment Policy
http://academicdepartments.musc.edu/genderequity/policies.htm

Appendix 9.16  Computer Use Policy
http://www.musc.edu/infoservices/cup.html

Appendix 9.17a  MUSC Research Data Ownership & Record Retention (RDO&RR)
http://academicdepartments.musc.edu/uco/documents/RecordRetentionPolicy.pdf

Appendix 9.17b  Sequestration of Documents

(1) Original Documents and Records. The documents/records to be sequestered will include the original items (or copies if originals cannot be located) that may be relevant to the allegations. [See RDO&RR, Section 3.1, Definition of Research Record]

(2) Sequestration of the Records from the Respondent. The administrative official (respondent’s most immediate supervisor without conflict of interest) should simultaneously notify the respondent that an inquiry is being initiated, and initiate sequestration so that the respondent can assist with location and identification of the documents/records. At this time, a letter should be given to the respondent stating a) the purpose of the sequestration and b) the rights of the respondent under this and other MUSC policies. If not available, all reasonable efforts should be made to contact the respondent. If this does not prove possible, sequestration may begin in the respondent’s absence. The administrative official should obtain the assistance of the respondent’s supervisor and institutional legal counsel in this process, as necessary.

The respondent should not be notified in advance of sequestration of the documents/records in order to prevent questions being raised later regarding missing items and to prevent accusations against the respondent of tampering with or fabricating data or materials after the notification. In addition to securing documents/records under the control of the respondent, the administrative officer may need to sequester items from other individuals, such as collaborators or complainants. [See RDO&RR, Sections 6.1 & 6.3]

(3) Inventory of the Records. A dated receipt should be signed by the sequestering official and the person from whom documents/records are collected, and a copy of the receipt should be given to the latter. If it is not possible to prepare a complete inventory list at the time of sequestration, one should be prepared as soon as
possible with a copy given to the person from whom the documents/records were collected. The inventory should contain sufficient information so that individual records can be identified by that individual for the purpose of obtaining copies as needed.

(4) Security and Chain of Custody. The administrative official will lock the documents/records in a secure place. At his/her request, the person from whom items are collected must be provided with a copy of any item sequestered. Where feasible, that person will have access to his/her original documents/records under the direct and continuous supervision of an institutional official unless it is determined that such access may compromise any subsequent anticipated court proceeding. This will ensure that a proper chain of custody is maintained and that the originals are kept. (12/13/02)

Appendix 9.18 University Disaster Preparedness Policy
https://www.musc.edu/medcenter/disasterToolbox

Appendix 9.18a Disaster Preparedness – Research Continuity
http://research.musc.edu/DPRC.html

Appendix 9.19 Copyright Protection
http://www.library.musc.edu/page.php?id=1315

Appendix 10.02 Responsible Conduct of Research
http://research.musc.edu/ori/ric/home.htm

Appendix 11.02 Upward Faculty Mobility Toward Advanced Degrees

PURPOSE: This policy is intended for the primary purpose of enhancing the value of the professional status of the faculty member in further service to MUSC. The University, therefore, upon prior approval of the dean of the college in which s/he holds primary appointment, offers the faculty member who does not possess a terminal degree in her/his field an opportunity to pursue a planned program for upward mobility toward an advanced degree.

ELIGIBILITY: Full-time faculty members with no modifiers to their ranks are eligible to apply for admission to an advanced degree program under this policy.

Academic Requirements:
1) In any course of study pursued toward a degree, the faculty member shall meet the same requirements for the degree, as published in the University Bulletin, as any other student.
2) The student/faculty member will be required to meet the regularly scheduled class times in courses in which s/he is enrolled.
   a) Student laboratory assignments that can be accomplished outside of the faculty member's normal working time may be made an exception, if approved IN ADVANCE by the deans and department chairs concerned.
   b) If his/her duties and responsibilities as a faculty member conflict with his/her student class hours, his/her faculty responsibilities shall take precedence. This is to be determined by the deans involved.
3) The faculty member seeking an MUSC degree will be required to demonstrate his/her academic progress to a committee of qualified evaluators at least once each year by means of either a written and/or oral examination. The results of the evaluation will be submitted by this committee to the dean of the college in which the degree is being pursued and to the
department chair, if appropriate. This dean shall file a copy of the report with the Vice
President for Academic Affairs and Provost.

4) Failure to perform in a satisfactory manner at any time shall be reported to the Vice President
for Academic Affairs and Provost by the dean involved.

5) No deviation from the approved plan of study will be permitted without a written request
from the department chairs, the recommendation of the deans, and the approval of the Vice
President for Academic Affairs and Provost. Such approval for an amended study plan shall
be filed in the student/faculty member's record in the office of the University Registrar.

Financial Considerations and Requirements as a Faculty Member:

1) The faculty member who has been admitted as a student to a degree program in at the
Medical University or elsewhere must abide by the following if s/he is to receive financial
considerations by the University:

a) promotion as a faculty member may be denied during the period of time the degree
program is in progress.

b) faculty salary increases other than "across the board" raises may be denied.

c) obtaining of the degree in no way obligates MUSC to alter his/her initial faculty
appointment, to promote him/her, or to significantly adjust his/her salary, although any or
all of these may be a result.

d) s/he shall agree, in writing, to continue his/her employment to MUSC for a period of not
less than one year after receiving the degree.

2) The faculty member who agrees to the above financial terms may pursue his/her approved
plan of study at the yearly average rate of 15% of his/her normal work time, with no
reduction in salary.

3) If an accelerated plan of study is requested by the faculty member and is approved by the
chair, deans, and the Vice President for Academic Affairs and Provost, the faculty member
must voluntarily reduce both his/her teaching responsibilities and her/his salary
proportionately.

4) If the approved plan of study includes extensive bench research or clinical rotations during
normal faculty working time, a proportionate salary reduction shall be required. If this is
determined at the time the program is initially approved, the amount of salary reduction will
be determined at that time.

Financial Requirements as a Student:

1) While pursuing his/her approved plan of study, the student/faculty member will officially
register for each course taken and pay the appropriate tuition and fees as set by the college in
which s/he is enrolled. In the year in which the degree is to be conferred, the student/faculty
member shall pay, in addition to the required tuition, the full fees required of all students.

2) If an accelerated plan, as described in Section 3 under "Financial Considerations and
Requirements as a Faculty Member," is in effect, the student/faculty member must pay the
appropriate tuition each semester.

Procedure for Faculty Member:

1) The faculty member shall submit (a) to the chair of his/her department and the dean of the
college in which s/he holds primary faculty appointment, and if applicable (b) to the dean of
the college in which s/he proposes to pursue the advanced degree, a complete outline of the
proposed curriculum, semester by semester. S/he shall also indicate all courses to be taken,
the proposed research and/or clinical experience required, and the degree which is to be
sought.

2) If the faculty member's proposal is disapproved at any step in the Administrative Procedure
stated below, s/he will be so notified; this action shall be considered final.

3) If the faculty member's proposal is approved, the Vice President for Academic Affairs and
Provost will notify him/her in writing and s/he may then proceed to apply for admission
through the regularly prescribed admissions policy of the college in which s/he is seeking
admission.
4) The application for admission shall have attached to it the following:
   a) outline of plan of study
   b) letter of approval from the Vice President for Academic Affairs and Provost to pursue the
degree as outlined
   c) required application fee.

Administrative Procedure:

• Upon receipt of a request with attachment thereto of a complete outline of proposed study
   as stated under "Procedure for Faculty Member" above, to pursue admission to a specific
   advanced degree program within a college of the Medical University, the dean(s) of the
   college(s) concerned in conjunction with the appropriate department chairs either approve
   or disapprove the request. If more than one dean is concerned (i.e., if the dean of the
   college of proposed study is different from the dean of the college in which the faculty
   member holds primary appointment), approval to apply for admission must be by both.
   Either one disapproving, the request shall be denied.

• If the request is approved, the dean of the college in which the faculty member holds
   primary appointment shall write a letter to the Vice President for Academic Affairs and
   Provost, with a copy to the dean of the college to whom the faculty member will submit
   his/her application, stating willingness for the faculty member to apply for admission as a
   student. The letter should include: (a) how all of the individual's duties, teaching
   responsibilities, and other commitments to his/her department would be met; (b) what
   financial considerations would apply as described in section (2) under "Financial
   Considerations and Requirements as a Faculty Member," and (c) indication of approval
   of the plan of study.

• In like manner, if the request is approved, the dean of the college of proposed student
   enrollment shall notify the Vice President for Academic Affairs and Provost in writing
   of: (a) procedures for evaluation of the faculty member's progress as a student in
   accordance with his/her approved plan of study; and (b) the names of the faculty
   members assigned to evaluate the faculty/student's progress. Such progress will be
   evaluated in accordance with Sections (3) and (4) under "Academic Requirements."

• The faculty member shall then be notified in writing by the Vice President for Academic
   Affairs and Provost that her/his plan of study has been approved and that s/he may apply
   for admission through the regular admissions process of the college in which the
   advanced degree is to be sought.

Any time the above procedures or processes are not adhered to, the faculty member, if admitted
to a course of study, may be removed from the college in which s/he is enrolled or may be
required to reimburse MUSC for any financial losses suffered either as a result of being a student
and/or a faculty member.
Appendix 11.04  University Travel Guidelines, Policies and Procedures

MEDICAL UNIVERSITY OF SOUTH CAROLINA’S AND STATE BUDGET AND
CONTROL BOARD’S REGULATIONS FOR REIMBURSEMENT FOR TRAVEL AND
SUBSISTENCE EXPENSES

Introduction
The Medical University of South Carolina (MUSC), as an agency of the State of South Carolina, is subject to the travel guidelines set by the State Budget and Control Board. [http://www.state.sc.us/dio/OIOinternaltravelguidelines.pdf](http://www.state.sc.us/dio/OIOinternaltravelguidelines.pdf) (Revision date 12/8/2005)

This manual is based on State as well as Medical University policies and procedures for travel. The guidelines provided herein shall be adhered to by all employees who travel on Medical University business. In cases where an individual’s travel itinerary may conflict with guidelines herein, it is requested that the Travel Office be notified in advance so to avoid any delays in reimbursement upon return from the trip.

MUSC Policies regarding travel reimbursement can be found at this URL: [http://academicdepartments.musc.edu/vpfa/policies/index.htm](http://academicdepartments.musc.edu/vpfa/policies/index.htm)

To see the policies specific to Travel use the pull down menu under Chapters and select 7 – Travel.
Appendix 11.05  Faculty Tuition Assistance Policy

University HR: Link to Tuition Assistance Request Form found within policy

http://www.musc.edu/hrm2/policies/policy17.html

Hospital HR

http://www.musc.edu/hr/documents/POLICY17-TUITIONASSISTANCE.pdf

Appendix 12.02  Paid Time Off (PTO) Policy HR18

University HR

http://www.musc.edu/hrm2/policies/Policy18.pdf

Hospital HR

http://www.musc.edu/hr/documents/POLICY18-PTO.pdf

Appendix 12.02a  University Family and Medical Leave Policy/ form HR 30

http://www.musc.edu/hr/documents/POLICY30-FMLA.pdf

Appendix 12.02b  PTO Donation Policy  HR 19

http://www.musc.edu/hr/documents/POLICY19-PTODONATION.pdf

Appendix 13.03  Additional Faculty Employment Benefits

For additional information related to these benefits, contact MUSC Human Resources Management Service Center [http://academicdepartments.musc.edu/vpfa/hrm/index.htm]

To find a list of benefits go to: Employee Benefits

http://academicdepartments.musc.edu/vpfa/hrm/benefits/

For an overview of Benefits:http://academicdepartments.musc.edu/vpfa/hrm/benefits/index.htm

For Insurance Guidelines:

http://academicdepartments.musc.edu/vpfa/hrm/benefits/guidelines.htm

The comparison between UMA and MUSC Benefits is location at the following link:

http://academicdepartments.musc.edu/vpfa/hrm/benefits/faculty%20benefits

Additional Employee Benefits:

http://academicdepartments.musc.edu/vpfa/hrm/benefits/otherbenefit.htm