

Intercollegiate Programs in the Academic Health Center (AHC-IP)

Manual for Operating and Creating Programs

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Academic Health Center
Intercollegiate Programs Manual

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**Academic Health Center
Intercollegiate Programs Manual**

Executive Summary

This manual details the process by which new programs within the AHC are created, administered, and brought to a close. In particular, it establishes those processes for programs which will be intercollegiate in nature and not based in one college. Each intercollegiate program will be one of five types:

Type 1: providing an **identity** to an intercollegiate effort

Type 2: providing **coordination** for an intercollegiate program

Type 3: providing **infrastructure support** for an intercollegiate program

Type 4: providing a **programmatic** base for an intercollegiate program

Type 5: serving as a **department-like academic unit**

To assure that new programs are consistent with the strategic goals of the Academic Health Center and that the proposed names are appropriate, new programs, whether intercollegiate or based in a single college, must apply for approval by the Deans Council and the Senior Vice President. This manual details the process for developing the proposal and for the review. In brief, a pre-proposal is submitted outlining the type, goals, and proposed structure for the program. The Senior Vice President, in consultation with the Deans Council, decides whether to approve the program, and if so whether the program will be a collegiate program or an AHC intercollegiate program. For intercollegiate programs of the more complex types, the Deans Council will then request a full proposal. Full proposal reviews of programs will be submitted to appropriate faculty/administrative review, depending on the program's major thrust.

Programs must have a specified purpose and mission, a director, organization, budget, governance structure, and oversight mechanism. Programs will automatically end at a specified date unless renewed. Faculty roles in programs may range from simple interest groups to formal academic units akin to departments. In the development of program plans, specific plans for resource management must be developed, including prior arrangements for responsibility and control of resources previously allocated to other programs or academic units. Program directors must account for the use of program resources and the program's actions. The program's success is monitored and supported by an oversight administrator who reports on the program to the Deans Council and the Senior Vice President.

**Academic Health Center
Intercollegiate Programs Manual**

I. Purpose

Numerous Centers, Institutes and Programs exist within the Academic Health Center and serve vital roles in advancing the educational, research, and service missions of the institution. The mechanisms for creating, supporting and reviewing these efforts needed to be improved. This manual is part of that effort. The goals and procedures embodied in this manual are a direct outgrowth of extensive faculty and administrative review and AHC-FCC consultation regarding program administration in the AHC. Two committees (the original Interdisciplinary Programs Committee and the follow up Programs and Interdisciplinary Programs Implementation Task Force) laid the foundation upon which this effort rests. Much of the text of this manual is taken directly from their reports.

This manual is intended as a guide to the creation and operation of intercollegiate programs in the Academic Health Center, or **AHC-IPs**. While it is recognized that most programs will remain the purview of individual colleges, there are important issues that must be resolved for the minority of intercollegiate programs which will be administered by the AHC. These include issues of strategic and annual planning, resource management and allocation, oversight, program definition, program creation and extinction, leadership and governance, and accounting.

This manual is a part of a work in progress in enhancing the AHC's ability to support its missions of education, research, and service. The manual and the procedures and processes it describes can be expected to change over time as the AHC gains experience with what works best and as operating conditions change. No process will perfectly meet all of the competing needs and priorities that play out in a complex organization. The goal is to strike a sufficiently effective combination of attributes that addresses those needs in a balanced fashion.

As you use this manual and work on AHC programs, please provide input into our efforts to make the process as easy, effective, and productive as

possible.

Thank you!

II. Types of Programs

It is important that the AHC and its colleges and schools foster and support the development of interdisciplinary programs, programs that represent cutting edge efforts in education and in basic and clinical research. One important aspect is that they bring together faculty with diverse expertise. At the same time, they bring value to the faculty and the institution in fostering and supporting high quality programs that may not necessarily be broadly interdisciplinary.

This manual will not attempt to define what an 'interdisciplinary' program is. Instead, it encourages faculty and administration to seek opportunities from the synergy that can occur when faculty and administration from across administrative units join together to enhance our education, research and service missions.

Interdisciplinary programs can be operated from an administrative base within a college or as a program based with the AHC. The vast majority of programs will continue to be based in a college. For programs based in colleges, funding lines and oversight authority will be retained in the college, even if funds are provided for the program out of the AHC. Programs will be AHC based only if there are strongly compelling reasons of mission and administrative effectiveness that support that model of organization. Individual colleges are encouraged to adopt their own approach or adapt this manual's approach to collegiate administration of programs.

Existing and anticipated programs within the AHC vary greatly with respect to the number of participating faculty, the administrative responsibilities of the program, and the size and scope of the programs' missions. The names given to these such as 'program', 'laboratory', 'center', 'institute', do little to define these parameters. In order to facilitate discussion of program implementation, and how the mechanisms may vary depending on the scope of the program, the following definitions for five types of programs will be used. A description of each category is given here, along with some examples of existing programs in each category. The examples given are mostly not AHC-IP programs, but rather collegiate programs.

Programs are defined as Types 1 through 5, Type 1 being the least complex. In the descriptions below, the additional complexity of advanced level Types is described. In general the more advanced Types would also include many functions of the programs at lower levels of program complexity, but these are not repeated in the definitions. Thus, a Type 3 program might include most or all of the functions of Type 1 and 2 programs but only the additional functions of the Type 3 are described in its definition.

Type 1 AHC-IP

The function of a Type 1 AHC-IP is to provide **identity** to a single investigator or group of investigators. This may be for the purposes of fund raising (grants, foundation or private donations), program recognition by constituencies served, or attraction of other faculty collaborators; there may be other reasons as well. No resources are committed to a Type 1 AHC-IP beyond the current salary for faculty and no particular administrative or formal governance structures are required beyond the naming of a director and submission of a plan for approval by the Senior Vice President and Deans Council. Approval to use a particular name is required at the AHC level to avoid duplication of names that would lead to confusion internally or externally. An example of a Type 1 AHC-IP might be an investigator studying a particular disease, who may have private individuals or groups interested in making donations in support of the research.

Examples:

Equine Resource Center (College of Veterinary Medicine)

Bob Allison Ataxia Research Center (Medical School)

Leukemia Task force (Medical School)

ECG Reading Center (School of Public Health)

Type 2 AHC-IP

The function of a Type 2 AHC-IP is to provide **coordination** of the efforts of a group of faculty representing a particular field. It could provide for communication among the group (e-mail lists, WWW page, newsletters, seminar series, retreats), as a voice for the group within the AHC or college (e.g., requests for shared equipment or resources, input into recruitment of faculty in the represented area, etc.), as a vehicle for enhancing recognition of the field at the AHC (both internally and externally), as an entry point for companies with interests in the field, and as a fund raising vehicle. Institutional resources committed to the AHC-IP would be small (typically less than \$50,000 which might be for things such as seminar support and administrative support). Administration might consist of a director responsible for the AHC-IP and a faculty advisory group, and no formal governance structure would be required. Space would not be assigned to the AHC-IP beyond a small amount that might be needed for administrative support functions. Approval of the formation of a Type 2 AHC-IP would require approval of the Dean or Senior Vice President, depending on the faculty involved and the source of resources committed to the AHC-IP.

Examples:

Food Animal Biotechnology (College of Veterinary Medicine)

Environmental Pathology (Medical School)

Cranio-Facial Pain Group (School of Dentistry)

Center for Research in Agricultural Safety & Health (School of Public Health)

Minnesota Area Geriatric Education Center (School of Public Health)

Type 3 AHC-IP

The function of a Type 3 AHC-IP would be to provide the **infrastructure** support functions needed by a group of faculty with shared education, research or service/clinical interests and generally (ideally) occupying contiguous space. A Type 3 AHC-IP would have space assigned to it, and a formalized administrative mechanism (including a director with administrative responsibility appointed or confirmed out of the Senior Vice President's Office). Institutional resources committed to the AHC-IP would be small to moderate (typically ranging from \$100,000 and over), and might be used to provide for clerical support and shared equipment needs of the group of investigators in addition to those functions supported in Type 2 programs.

Examples:

Center for Immunology (Medical School)

MN Dental Research Center for Biomaterials and Biomechanics (School of Dentistry)

MN Oral Health Clinical Research Center (School of Dentistry)

Clinical Outcomes Research Center (School of Public Health)

Type 4 AHC-IP

Type 4 programs provide a **programmatic base** to at least some of its participating faculty. In Type 4 programs, some of the faculty will see the program as their principal academic home. In such cases, faculty may have formal joint appointments between their tenure administrative department and the program, including shared salary allocations between the program and the department. Additional administrative responsibilities might include grants administration and accounting, and assigned academic responsibilities. A Type 4 program would not be the primary tenure granting unit for any faculty member, but would have formal input into the tenure/promotions process in the home department of faculty that receive partial salary support from the AHC-IP.

Examples:

Institute of Human Genetics (Medical School)

Cancer Center (Medical School)

Biomedical Engineering Center (BMEC) (Medical School)

Veterinary Research Center (College of Veterinary Medicine)

Type 5 AHC-IP

A Type 5 AHC-IP would be essentially a department equivalent, with the exception that faculty within the AHC-IP might have appointments in different schools. It would have the ability to grant tenure and provide all the infrastructure to support faculty that a department provides.

Example:

Biomedical Engineering Institute (BMEI) (Medical School and Institute of Technology)

III. Operating an Intercollegiate Program

Every intercollegiate program will have documented the following, usually in the process of initiation and annual program planning:

1. Mission statement

A concise statement of the broad goals of the program; the context within it will develop specific plans and objectives

2. Program Director

Every program must designate one person as the program Director who will have management and administrative authority and accountability for the program. The Director will be expected to be a leader in developing the program. The director will serve as the primary contact person for the program, will submit reports to the person who has oversight responsibilities, and will be accountable for any resources allocated to the program.

The Director of the AHC-IP will report to an oversight administrator designated by the Senior Vice President. The oversight administrator will report to the Senior Vice President and the Council and act as a liaison for the Director to the AHC. In most cases, this will be the Senior Vice President's designee or a 'Lead Dean'. For collegiate programs, this will be the Dean.

The Director of the AHC-IP will be appointed by the Oversight person for the program, with the approval of the Senior Vice President and in consultation

with the Council. For major programs, the appointment may involve either a search or administrative approval process consistent with University policy. The faculty of the AHC-IP should have input into the decision. A review of the Director's performance will be done annually by the oversight administrator and at the time of the cyclic review of the Program.

The Director will have at least the following responsibilities:

- a. Assuring and enhancing the scholarly excellence of the program. This will include establishing an external advisory board where appropriate (Types 5, 4 and possibly 3).
- b. Establishing governance processes
- c. Fostering the development of faculty leadership within the program, i.e. a leadership mentoring program to create a cadre of faculty who could be program leaders or leaders in their field elsewhere.
- d. Budget and resource management authority and reporting

3. Oversight Administrator

Every program must have one person designated with oversight responsibility for the program. The role of the oversight person is detailed in Appendix 3.

4. Advisory Boards

For Type 5 and 4 programs, an advisory board is strongly recommended. The role of the advisory board is to provide input from an objective external point of view that can help the program set its strategic direction, measure its performance, and test the program's impact on the University's external constituencies. Whether or not a program has a formal advisory board, programs are encouraged to seek external input and evaluation. At the time of renewal, each program of types 5 and 4 will be required to collect some form of external evaluation.

5. Program Design

As a basic principle for program design, programs will most likely succeed if:

a. program

- responsibility is held at the same point as authority (to the extent that authority is a part of the program).
- resources are controlled by the person(s) that will be held accountable for their allocation and the results achieved.
- rewards and acknowledgments are developed for those that contribute to the program's success.

b. As programs grow in size and complexity, particular efforts need to be assigned to particular individuals or groups. Often this process is not done explicitly, creating friction later on as people try to understand everyone's role. To avoid this, a program might develop a "RACI" framework for major aspects of the program. In that framework, specific aspects of the program are matched to roles for people, groups, or organizations that contribute to the program's efforts. For any single aspect of the program, different people or groups may have different roles.

	Person 1	Person 2	Group 1	Organization 1	etc.
task 1	R, A, C, or I				
task 2					
project 1					
project 2					
project 3					
etc.					

For each cell in the above hypothetical table, one of the four letter R, A, C, or I should be inserted, or the cell left blank.

R: responsibility for the task, project, etc.

A: approval authority for the plans and major decisions involved in the project or task

C: must be consulted about the project (advice given does not necessarily have to be followed)

I: must be informed about the project, task, etc.

blank: is not involved in the particular task or project or does not have a designated RACI role

These frameworks for program operation are likely to be more definition than is needed for simple programs. If a program is having operating difficulty or interpersonal friction, however, reference to these frameworks may help.

6. Governance structure

The Director of the AHC-IP will be responsible for insuring that the appropriate governance processes are established and that they function in a timely manner. The AHC-IP description will include a governance process for the AHC-IP that is appropriate for its type and activities. This will include mechanisms for faculty input into:

- a. membership decisions
- b. joint appointment decisions
- c. promotion and tenure decisions, where appropriate
- d. program planning, both strategic and annual

The governance of a program should be designed to best serve the needs of the program. It may be as simple as a group of like-minded faculty operating on a voluntary consensus basis or as formal as a Type 1 program with University dictates regarding policy and operations. Those who develop a particular program will be well served to define these issues clearly in the early stages and to be sure that everyone understands how the program is constituted. In general, the goal is to develop an appropriate system of governance that can hold the program together without undue effort or regimentation. Governance practices must be consistent with all University policies.

7. Program Plans: in addition to its mission statement, the program should develop a set of plans, both strategic and annual. Both the annual and strategic plans must include budgets that show the projected sources and uses of all funds controlled by the program.

Strategic Plan:

The program should lay out a strategic plan that sets a broad vision for at least the next three years. The strategic plan should be reviewed and modified as needed each year. The strategic plan will likely be a mixture of vision (how things will look at some point in the future) and goals (measures of practical accomplishment). Ideally, some part of the strategic plan should be measurable and should have a set timeline.

Annual Plan:

In addition to the strategic plan, a tactical annual plan should be developed that lays out specific actions and results that will be accomplished in the coming year. The annual plan will serve as the "action list" for the program and will be the primary benchmark against which program effectiveness will be compared. Annual plans should be as concrete as possible and should relate directly to budget plans. The specifics of an annual plan will obviously vary widely depending on the nature of the program. The following outline is intended only to serve as a prompter for possible areas of program activity; probably no program will have plans in all of the areas listed.

1. Education
 - a. professional education
 - b. undergraduate education
 - c. graduate education
 - d. post-graduate clinical education / GME
 - e. continuing education
 - f. outreach
2. Research
 - a. project plans
 - b. funding projections
 - c. facility and equipment development
 - d. new collaborations
 - e. new directions in research
3. Clinical / Service
 - a. program maintenance
 - b. new program development
4. Organizational / administrative
5. Communications, public relations
6. Human resource development
 - a. faculty
 - b. staff
7. Fund raising

IV. Faculty participation in an Academic Health Center

Intercollegiate Program

AHC-IPs of Category 3, 4, and 5 might have three types of faculty membership:

1. Member. Faculty not located in the AHC-IP space but having affiliation with the AHC-IP. The AHC-IP would not have formal input into promotion and tenure decisions for faculty having this status. (Types 4 and 5)
2. Member occupying AHC-IP space. This would include all faculty located within space assigned to the AHC-IP. The AHC-IP would not have formal input into promotion and tenure for faculty having this status.
3. Member with tenure home or joint appointment. For faculty whose tenure home is in the AHC-IP or faculty holding a joint appointment in the AHC-IP, the AHC-IP would have formal input into their promotion and tenure. For Type 1 programs, the AHC-IP would serve as the "department" for promotion and tenure issues for these faculty. These would in most cases be faculty located within the AHC-IP space. It would generally include, but not be limited to, faculty for whom the AHC-IP has a commitment to provide partial salary support. The specific role of the AHC-IP in reviewing faculty performance would be established as part of the position description for each individual faculty appointment.

In general, it is desirable for that a formal joint appointment status be established in program types 4 and 5 for faculty whose principal efforts are within an AHC-IPs, with faculty of the AHC-IP having formal input into the promotion and tenure decisions regarding those faculty holding a joint appointment. There should be formal written agreements between units for faculty having joint appointments, with regard to salary sources, how raises would be determined, who has responsibility for faculty support staff and infrastructure needs, etc. This includes any arrangements that would be made with Faculty Practice Organizations, departmental or school based practice groups or external parties. Appendix 8 provides one possible framework for such agreements.

Arbitration of disputes regarding faculty involvement in a program will be the responsibility of Director, the Oversight Administrator and the involved Dean or Deans. Final authority would rest with the Senior Vice President.

V. Staff participation in an Academic Health Center Intercollegiate Program

The relationship of staff to the AHC-IP should be explicitly made, including responsibilities for funding positions, hiring authority, reporting relationships, work effort evaluation, discipline, and personnel development. For each person whose job is supported by the program, a formal part of their position description and employment agreement should be what will happen to their position should the program end.

VI. Resource Management, Budgets and Budget Administration

Resource Allocation in Programs

Program leaders are must develop written agreements regarding resource and financial obligations for all units involved in providing resources for operation of the AHC-IP. This would include Faculty Practice Organizations, internal service organizations, and external parties where applicable. Whenever possible, the key agreements should be for a longer term than one year, preferably for the remaining term of the program before its review/renewal date. This can provide a degree of predictability for program funding and planning. For example, for a faculty member receiving partial salary support from their home department and from the AHC-IP, this arrangement should be in the form of a written agreement between the Department Head and the Program Director. Other arrangements involving written agreements might include ICR sharing, Tuition distribution, grants administration responsibilities, space and equipment allocation and responsibility, etc.

Both the annual and strategic plans must include budgets that show the projected sources and uses of all funds controlled by the program. AHC-IP accounting should be implemented so that program funds are accounted for separately from other funds. The Director should develop projected budgets for the program that estimates expenses and revenue sources to cover those expenses for the life of the program. This will allow both program leaders, members, and the oversight administrators to understand the sources and uses of program funds. The financial staff in the Senior Vice President for Health Sciences Office can help in preparing these budgets for AHC-IP.

Educational Program Income

The Incentives for Management Growth Program (IMG), adopted by the University of Minnesota in the 1997-98 fiscal years, returns all tuition income to schools. The distribution is based on enrollments, and is calculated at the student level. The school where the student enrolls receives 25 percent of the tuition income. The school hosting the class receives 75 percent of the tuition income. The allocation of tuition is computed through a series of algorithms. The financial staff in the SVP-HS office can provide detailed information about the distribution process, and assist program leaders in forecasting potential tuition income.

The income from tuition will be credited to programs differently, depending on the source. What follows are the general guidelines for tuition income allocation. The final allocation of tuition revenues is subject to the approval of the oversight administrator in consultation with the Senior Vice President.

1. For courses taught in whole or in part through the program that are part of the existing professional or graduate curriculum and that result in no net gain in tuition revenues, no tuition income will accrue to the program. To cover the expenses of the course(s) taught, the program must either: a) use other program funds, b) request funds or in kind support from the colleges involved or c) decline to present the course(s). When courses will be taught on an on-going basis, the Director of the program is encouraged to establish a funding relationship with the colleges so that the cost sharing does not need to be re-negotiated over and over again.

2. For courses taught in addition to the regular curriculum for students enrolled in an undergraduate, professional or graduate degree program and that bring in additional tuition dollars, 25% will accrue to the college whose student is pursuing the professional or graduate degree. The remaining 75% will be divided based on a prior agreement between the program and the academic homes of the faculty involved in the course presentation. In some cases, the program will receive all income, with the faculty "donating" their effort to the teaching. In others, the program may pay in some proportion for faculty efforts out of the course revenue by transferring money from the program budget to the faculty member's home academic unit. Appendix 9 provides one possible framework for allocating educational program income.

3. For teaching not associated with an undergraduate, professional or graduate degree program (for example for continuing education or extension / outreach programs), revenues could be retained by the program based on prior arrangement with other involved units in the university. In some of these cases, the faculty member might receive income directly from the program in addition to their regular academic salary.

Indirect Cost Recovery

The IMG program distributes Indirect Cost Recovery income from sponsored grants and contracts to schools and administrative offices. The distribution is meant to conform to the way indirect costs are actually borne by different parts of the University. Currently, schools are estimated to bear approximately 51 percent of all indirect costs and thus 51 percent of indirect cost recoveries are returned to the schools. The schools have the authority to distribute to departments, programs, and other units to meet local goals and objectives.

1. For programs Type 1, 2, and 3, all indirect cost recovery would accrue to the academic units participating in the sponsored efforts in the same way they would if the program did not exist.

2. For program Type 4, indirect cost recovery generated during the life of the program would be retained as income to the program only if, by prior arrangement, an ICR division is agreed to prior to grant funding between the academic homes of the faculty involved in the grant and the program. In general, however, ICR should be distributed to the schools and the program in proportion to the faculty person's effort on the grant and the partitioning of their appointment between the program and the school. Thus if, for example, a faculty person serving as sole investigator were appointed 50% in the school and 50% in the program, then 25.5% of the ICR would go to the school and 25.5% of the ICR would go to the program.

3. For program Type 5, ICR would accrue to the program just as though it were an academic department.

Licensing, Patents, and Royalty income

Under University policy, income net of expenses from invention licensing, patents, and royalty is distributed generally as follows:

33.3% to University's Office of Patents and Technology Marketing

33.3% to the inventor(s) as individuals

8% to the school or collegiate home of the inventor(s)

25.3 % to the laboratory of the developers for further work. This share reverts to the department if the developer leaves the University.

1. For programs Type 1, 2, and 3, all licensing, patents, and royalty income would accrue to the academic units and faculty in the same way they would if the program did not exist.

2. For program Type 4, licensing, patents, and royalty income generated during the life of the program would be retained as income to the program only if, by prior arrangement, a division of that income is agreed to prior to grant funding between the academic homes of the faculty involved in the grant and the program. In general, however, licensing, patents, and royalty income should be distributed to the schools and the program in proportion to the faculty person's role in the invention and the partitioning of their appointment between the program and the school, consistent with Regent's Policy.

3. For program Type 5, licensing, patents, and royalty income would accrue to the program just as though it were an academic department for faculty with their tenure home in the program. For faculty whose tenure home is outside the program, item 2, above, would apply.

Fund raising

Programs may initiate fund raising efforts with the approval of the oversight administrator. Funds received must be managed under University's policies relating to donations to the University. These funds can be used at the discretion of the Director in keeping with the intent of the donor, the program's mission, and university policies, and with the approval of the Oversight Administrator. Programs should make sure that their fund raising efforts are coordinated with and consistent with overall University and AHC development efforts.

Clinical revenue

1. For programs Type 1, 2, all clinical revenues would accrue to the academic units participating in the clinical efforts in the same way they would if the program did not exist.

2. For program Types 3 and 4, clinical revenues would be retained as income to the program only if, by prior arrangement, a division of clinical income is agreed to in advance between the academic homes of the faculty involved in the grant and the program. In general, clinical income should be distributed to the schools and the program in proportion to the faculty person's clinical role and the partitioning of their appointment between the program and the school. Usually, these divisions of clinical revenue, if any, should be part of the original design of the program and its budget. Appendix 8 provides one possible template for allocating clinical revenue.

3. For program Type 5, clinical revenue would accrue to the program just as though it were an academic department for faculty whose tenure home is in the program. Otherwise, provisions in 2, above, would apply.

Space and Equipment

Allocation of space and equipment to a program should typically be done as part of the process of initiating the program. Approval of the overall plan by the Senior Vice President in consultation with the Deans Council would include approval of space and equipment allocations. Inevitably, however, new needs for space or equipment are likely to occur after the program is under operation. In those cases, new allocations would need to be discussed and agreed to by the parties desiring new resources and the parties currently responsible for those resources. If no agreeable resolution to the needs is found by the parties directly, then the program can formally apply for new resources at the next round of program applications to the AHC or refer the matter to the Senior Vice President for Health Sciences for determination.

Allocation of space or equipment to a program should include specifics such as who is responsible for costs, maintenance, repairs, renovations, and upkeep. The agreement should also be time delimited, and should designate to whom the space or equipment revert should the program end.

Summary

Nothing in the above recommendations should stop responsible parties from developing different systems for resource allocation, as long as they are consistent with University policy. Whatever system is designed, however, it must be explicit, time delimited, and approved by the Oversight Administrator. Ultimately, all resources belong to the University and, by delegation, the AHC and its units. The Senior Vice President for Health Sciences has the final authority for all resource allocation within the AHC.

Underlying each of these recommendations, there are a simple set of questions regarding resource allocation and management. If these questions have clear answers, many of the common resource problems can be avoided and when there are problems, they can be more easily resolved.

1. What is the resource under consideration?
 2. What parties have to be part of the decision about how to allocate that resource?
 3. For what time period is the commitment to allocate the resource made?
 4. Who is responsible for managing the resource wisely in the program?
 5. How should program accounting be constructed so that the program can track and understand its financial activities?
 6. Who provides oversight for the program that manages the resource?
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VII. Program Performance And Oversight

The period of funding approval for AHC-IPs will normally be 2 to 5 years, with the period determined by the AHC-IP Council based on the review of the proposal. During the period of active funding, a AHC-IP may submit a supplemental proposal requesting an increased level of funding or other resources such as space and/or movement to a higher level category, for example from a category 3 to a category 2 AHC-IP. Supplemental proposals will be reviewed by the same mechanism as new proposals.

YEARLY PROGRESS REPORTS/BUDGETS

The Director of the AHC-IP will submit yearly Progress Reports and Budgets, essentially equivalent to a non-competing renewal application. These will be reviewed by the oversight administrator (Lead Dean or Senior Vice President's Office). Copies of all yearly Progress Reports and Budget requests will be provided to the Senior Vice President's Office; these could be then put in a data base for the general program reviews. Also, the benefits could be weighed of having these, or edited versions of them, put on a web page for anyone in the organization to review. This might also aid outside sponsors looking to work with faculty in a given area.

COMPETITIVE RENEWAL OF AHC-IP FUNDING

At least one funding cycle before the end of the approved funding period, a full proposal for continuation of the AHC-IP may be submitted. This will be reviewed in the same way as new proposals. Outcomes of this review could include:

Continuation of the AHC-IP - maintenance of the status quo.

Movement to the next level category, where greater commitment, responsibilities, etc. occur (e.g., category 3 to 2), as a result of outstanding performance on the part of faculty, changing needs, positive review, shift in institutional strategic goals or successes in securing financial or other resources from outside of the institutions (e.g., grants, contracts, philanthropy, etc.). This would occur if requested by the AHC-IP in the renewal proposal and approved by the AHC-IP Council following review.

Movement to a lower level category (e.g. category 2 to 3) as a result of changing needs, negative review, shift in institutional strategic goals, funding limitations, constraints on other resources, etc. This could occur either at the request of the AHC-IP in the renewal proposal (although somewhat unlikely), or

upon recommendation of the AHC-IP Council as a result of the review.

Elimination or the "sunset" of the AHC-IP as a result of changing needs, negative review, shift in institutional strategic goals, funding limitations, etc. This could occur either at the request of the AHC-IP (unlikely), or upon recommendation of the AHC-IP Council as a result of a negative review of the renewal proposal. When an intercollegiate program is eliminated, all of its assets and liabilities revert to the Senior Vice President for proper allocation.

VIII. Creating an AHC Intercollegiate Program

Pre-proposals and final proposals for programs are submitted and reviewed by the process described in this section. Final review of pre-proposals and full proposals will be by the Senior Vice President of the Academic Health Center and the Deans Council or their designees (referred to as the AHC-IP Council in this document). The purpose of these reviews are:

1. to assure that the program is consistent with the strategic goals and needs of the Academic Health Center and its colleges and the University and that it does not create unnecessary confusion or conflict with the existing collegiate and AHC programs
2. to assure the name chosen for the program is appropriate for its mission and that it does not create confusion with other program names in the AHC and University

Program Initiation: The Pre-Proposal Process

An AHC-IP pre-proposal will be prepared by one or more faculty, with the proposal initiating from the faculty or in response to a request for application (RFA) from heads, deans or the Senior Vice President's office. AHC Intercollegiate Programs will generally develop in the same way as new collegiate programs, driven by the vision and energy of individual faculty members or administrative leaders in response to a significant opportunity. Given that this is the case, at the beginning it may not be evident whether a program is best managed as an AHC-IP or as a collegiate program. For this reason, all new program development in the AHC will start with the same process. After review of the pre-proposal, a decision will be made by the AHC-IP Council: 1) the whether the program, if created, would be college based (most programs) or AHC based and 2) whether the program should be created at all. Only the minority of programs that will be AHC-IP will need to proceed further in the process described in this manual, although it is hoped that colleges will develop a similar process for their own collegiate programs. Approval in concept at this stage does not imply any commitment of funds from any source, nor does it imply that the program will be approved following review of the full proposal.

The initiation of a new program should begin by developing a vision for the program that includes:

1. a concise statement of the program's purpose and goals
2. a description of the relationship of the program to the broader strategic mission of the AHC or college(s), how it addresses the needs of constituencies, and how the program relates to other existing programs, if any, with similar mandates.
3. a description of the status of efforts in the general area related to the proposed program, along with a description of how those efforts would be changed or enhanced by the creation of the program
4. a list of the core faculty who are interested in initiating the development of the program, plus, if applicable, a broader concept of the kinds of faculty that might ultimately be involved
5. a preliminary description of the general sources and uses of resources to support the program (funds, space, equipment, administrative support, clinical program involvement)
6. operating organization / governance
7. advisory boards, if any
8. whether the program seems most likely to be collegiate or AHC based
9. the Type (1 - 5) of program proposed. The initiating group will identify the category level they deem appropriate for the proposed program based on the function, administration, and requested resources for the program. This identification will then provide guidance as to major items that need to be addressed in the proposal.
10. the proposed cycle time for the program, i.e. how long before the program's performance will be reviewed. This is a requirement, since all programs will be required to renew their approval for continuation one year before the end of their cycle. The shortest possible cycle is two years, the longest is five years.

Once these preliminary questions are clarified, a pre-proposal for the program can be prepared. A format for the proposal is provided in Appendix 1. One person must be identified as the key contact person for program proposal development. The deadline for twice yearly submission of pre-proposals is October 1 and April 1 each year for major submissions. For Type 1 and Type 2 programs, proposals will be reviewed quarterly (January 1, April 1, July 1, and October 1), provided that minimal new resources are requested for the program.

The pre-proposal will be reviewed by the AHC-IP Council at the AHC level. That review could have one of four outcomes:

1. the proposal could be approved for the development of a full proposal for review at the AHC level. In most cases for Type 1 and 2 pre-proposals, the AHC-IP Council may give full approval of the program without further proposal development.
2. the proposal could be recommended for development of a full proposal for review at the collegiate level, pending concurrence from the Dean

The decision about whether continued review of a full proposal will be at the AHC or collegiate level will depend upon the disciplines represented, the goals of the program, the resources used, and the "home units" of the faculty involved in the program. If all of the faculty are within a single School and only School resources are being requested, review will be within the School after approval of the name and concept at the AHC level. If there are faculty from multiple Schools involved in the proposal, its impact extends across colleges, and funds are being requested from the AHC, review will be at the AHC level. Once a full proposal at the AHC level is considered, the program might still be created as a collegiate program.

3. the proposal could be returned to the initiator(s) for further development

A request to resubmit a pre-proposal would occur when review by the AHC-IP Council identifies ways in which the proposal might be improved, for example by the group including additional faculty with similar interests.

4. the proposal could not be approved (with written reasons provided)

A pre-proposal will not be approved (not invited to continue in the process), if it is the judgment of the AHC-IP Council that even with modifications it would not result in a successful review. In this case, however, the submitting group may submit a revised pre-proposal at the next round of submissions.

When a pre-proposal is approved for the AHC, the proposing group will be invited to develop a full proposal for complete review, with any suggestions resulting from the initial review being provided in writing to the group. Type 1 and Type 2 programs may be approved at the pre-proposal stage. The format for a full proposal is included in Appendix 2. For those full proposals to be reviewed at the AHC level, the AHC-IP Council will also determine which Review Panel(s) (Education, Research or Clinical/Service) will conduct the review, depending upon the primary functions and missions of the proposed program. It is acknowledged that there will often be overlap in a program's functions across these three areas, but in general it is expected that one area would predominate. In such cases the AHC-IP Council will determine which Review Panel seems best to review the proposal, or it may refer the proposal to more than one Review Panel.

Planning Funds.

In very special cases, some funds might be made available to support planning efforts that will lead to submission of an AHC-IP proposal. These would be distributed based on a request submitted as part of the pre-proposal from a group along with a planning budget. The AHC-IP Council (see below) would determine whether funds should be allocated to support the development of a full proposal. Such funds might be used for clerical support, consultants, etc. and would normally be less than \$10,000.

Full Proposals: Format and review

Full proposals will be prepared after initial approval by the AHC-IP Council. The proposal will be more expansive and detailed than the pre-proposal. In particular, budget projections for three years will be required for program types 3, 4, and 5. The format for full proposals is specified in Appendix 2. In most cases, programs slated for full proposal development can expect approval in concept. Whether funding or other resources will become available depends on the contents of the full proposal, fiscal constraints, and competing priorities.

Program Approval

Full proposals, submitted for twice yearly deadlines following review and approval of pre-proposals, will be reviewed either at the AHC level. For AHC review, proposals will first be reviewed by one of three AHC-IP Review Panels, either Education, Research or Clinical/Service. For each proposal, the Review Panel will determine merit scores in three categories, (1) scholarly/scientific quality, (2) extent of interdisciplinary interactions, and (3) fit or alignment with AHC strategic goals. A second level review will then be done by the AHC-IP Council, and will include consideration of the merit scores of the Review Panels, along with considerations of funds availability, need or demand for other resources e.g. space, balance or distribution of programs among areas (Education, Research and Clinical/Service) and Schools, and fit with AHC strategic goals. As a result of this review, the Council will develop funding recommendations and submit them to the Senior Vice President for final decisions. Given the significant time demands inherent in this process, the Senior Vice President and Deans Council might consider delegating this responsibility to a differently constituted AHC-IP Council after some experience and comfort with the process has been gained .

The chairs and members of the Review Panels will be faculty members appointed by the Senior Vice President in consultation with the Deans, with the goal of achieving a broad representation of AHC expertise in each area. Review Panels should have a broad enough membership that the diverse programs of the AHC will be understood and so that reviews can proceed even if some members are unavoidably absent during the review process. Review Panels will have discretion in enlisting the aid of ad hoc reviewers in cases where additional expertise in a particular area is needed. If they do so, the program proposers must be informed. Terms of AHC-IP Panel membership will be two years, with the possibility of a member serving two terms. One half of the panel's members will be appointed each year to provide continuity in the review.

An assessment of the extent of interdisciplinary / intercollegiate interactions within a proposed program will be one of the criteria applied to its review and evaluation as an AHC level program. It may be that the AHC would determine that broadly interdisciplinary programs would receive a higher priority in this regard.

Level of Review Depending on AHC-IP Category

The extent of the review process will vary depending on the category level of the proposed AHC-IP. Type 1 and 2 proposals that request no institutional funds (i.e. no funds over and above those already committed to the involved faculty through their home units) will usually only proceed through the pre-proposal process, primarily to insure that the name and mission does not overlap with existing or proposed AHC-IPs (to avoid internal and/or external confusion) and to insure entry into an AHC-wide database of AHC-IPs. These can be reviewed quickly by the AHC-IP Council, and applications for Type 1 and 2 programs will be accepted quarterly. In special cases, the Senior Vice President may accept program applications outside of the established timelines. The AHC-IP Council would retain the option of referring Type 1 and 2 proposals for Review Panel evaluation. This streamlined review will facilitate

instances where a group of faculty require an institutionally recognized 'Center' or some similarly denoted entity in order to respond to an external funding opportunity. There may be cases where proposals aren't approved even when there is no request for resources. It is intended that in order for a center, program, or institute within the AHC to use the University of Minnesota name it must go through this process. If it fails to get this approval it may not portray itself as a program in the AHC.

Proposals for Category 3 through 5 AHC-IPs will generally proceed through the entire review process (see flow chart), but the extent of the review will likely differ. For Category 4 or 5 AHC-IPs which involve substantial institutional funds or other resources it may be desirable to obtain an objective external review, either in the form of solicited written reviews or a site visit by experts from other institutions. Recommendation for this would be made by the AHC-IP Council as a result of the pre-proposal review, and the outcome of the external review made available to the AHC-IP Review Panel that subsequently reviews the proposal. External review of Category 2 or 3 AHC-IPs would be rare, and probably only occur if there is little or no local expertise to assess the merit or if unusually high levels of institutional funding or other resources were being requested.

Program approval for Type 5 programs would be subject to University policy regarding the creation of new tenure granting units.

APPENDIX 1:

Academic Health Center Program Application Pre-proposal Program Format and Contents

Pre-proposals should concisely address the following topics. The pre-proposal narrative that addresses these topics should be no longer than 6 pages, single spaced. In addition, the pre-proposal should include one page biographies of the principal faculty members involved in writing the proposal and / or that will be members of the proposed program. A single person should be designated as the principal contact person for the proposal development and review process. A one page summary budget of sources and uses of funds by the program should be submitted, plus a one page description of any new resources requested from the Academic Health Center or from a college.

Topics:

1. a concise statement of the programs purpose and goals
2. a description of the relationship of the program to the broader strategic mission of the AHC or college(s), how it addresses the needs of constituencies, and how the program relates to other existing programs, if any, with similar mandates.
3. a description of the status of efforts in the general area related to the proposed program, along with a description of how those efforts would be changed or enhanced by the creation of the program
4. a list of the core faculty who are interested in initiating the development of the program, plus, if applicable, a broader concept of the kinds of faculty that might ultimately be involved
5. a preliminary description of the general sources and uses of resources to support the program (funds, space, equipment, administrative support, clinical program involvement)
6. operating organization / governance
7. advisory boards, if any
8. whether the program seems most likely to be collegiate or AHC based
9. the likely type (1 - 5) of program proposed
10. the proposed cycle time for the program, i.e. how long before the program's continuance will be reviewed. This is a requirement, since all programs will be required to renew their approval for continuation one year before the end of their cycle. The shortest possible cycle is two years, the longest is 5 years.

APPENDIX 2:

Academic Health Center Program Application Full Proposal Program Format and Contents

Cover Page- Title, Category, Period of request, Budgets for Years 1 through 3, and total funds requested, list of participating faculty

Mission statement - A brief statement of the mission of the proposed program

Executive summary

Background

1. Description of existing efforts in the Program area
2. Participants in the Program - include biosketches of faculty involved in the proposed Program

Description of proposed Program

1. Proposed category and rationale
2. Functions of program
3. Governance structure
4. Administrative structure
5. Potentials for Program revenue (e.g. Training grants, clinical/service income, private and corporate donations, etc.)
6. Requested funds and other resources and their planned uses - a narrative discussion of proposed budget and resource requests (i.e. budget/resource justification)

Proposed Budget

Proposed budgets for years one through three to five (depending on the request of the AHC-IP Council) of the proposed program (including funds available to the Program from sources other than this request (e.g. Training Grants, clinical/service income, etc.) The budgets should be comprehensive projections of sources and uses of funds by the program.

Resources Requested - space, equipment, etc.

Strategic Plan/Timeline for Program Development

Goals and benchmarks for progress

Relation to missions of the School/AHC/University

Statements of support: Letters of support from relevant department heads, Deans, Directors of other Programs

APPENDIX 3

Roles and Responsibilities for the Oversight Administrator of AHC Intercollegiate Programs

Each intercollegiate program in the Academic Health Center will have a administrator designated who will provide the oversight for the program ("Oversight Administrator"). In some cases that administrator may be a "Lead Dean", in other cases the administrator may be a member of the staff in the Senior Vice President's Office. Administrative support will be provided by the Office of the Senior Vice President of Health Sciences

I) Role:

- a. The Oversight Administrator is deputized by the Senior Vice President to act on behalf of the Academic Health Center in overseeing the program. Their role cannot be further delegated to others.
- b. The program's director reports to the Oversight Administrator who reports to the Senior Vice President and the Deans Council regarding the program.
- c. The Oversight Administrator is responsible and accountable to the Senior Vice President for Health Sciences for the program's performance

II) Responsibilities:

- a. oversight of the program: minimum responsibilities
 - 1) yearly review and approval of the program's strategic plan developed by the director
 - 2) yearly review and approval of the annual goals and work plans
 - 3) yearly review and approval of the annual budget prepared by the director
 - 4) quarterly review of budget status and monitoring of fiscal performance
 - 5) at least semi-annual evaluation of program performance
 - 6) annual performance review of the director
 - 7) ensure intercollegiate and external involvement as appropriate for the program
 - 8) periodic review and recommendation to the Senior Vice President about whether the program should continue (period set by the program's charter)
- b. presentation of status reports of program performance
 - 1) to the Senior Vice President for Health Sciences
 - 2) to the Deans Council
- c. leadership

- 1) participate in framing the mission, goals and benchmarks for the program
- 2) serve as a resource and mentor for the program director
- 3) serve as an advocate and spokesperson for the program

APPENDIX 4

Roles and Responsibilities of the AHC-IP Council

1. Review of pre-proposals and, for those invited for submission as full proposals, assignment of reviews to either AHC or School level.
2. Assignment of each proposal to one of the three AHC-IP Review Panels, for those proposals to be reviewed at the AHC level.
3. Determination of final recommendations for AHC-IP establishment and funding, based on the priority scores from the Review Panels, along with considerations of funds availability, need, availability of other resources, distribution of programs among areas (Education, Research and Clinical/Service) and Schools, novelty and innovation, and fit or alignment with school/college and AHC strategic goals.
4. Providing input into the assembly of the chairs and faculty membership of the AHC-IP Review Panels, following a general solicitation of interest from faculty.

Membership on the AHC-IP Council

Initially, the AHC-IP Council will be the Senior Vice President and the Deans Council. As experience is gained in the process, membership of the AHC-IP Council may evolve to include others or to be constituted entirely by people not on the Deans Council. The initial AHC-IP task force recommended that this group include approximately seven Associate Deans and eight faculty members. Faculty members would be appointed by the Senior Vice President and Deans Council in consultation with the faculty. If this approach is adopted, members would serve for a period of three to five years. If the size of such a group proves unwieldy a more abridged version could be constructed.

Review and Approval of AHC-IPs at the Collegiate Level is recommended to proceed in a manner similar to the one laid out for AHC level programs.

APPENDIX 5

Roles and Responsibilities of the Program Director

The Director of the AHC-IP will be appointed by the Oversight person for the program, with the approval of the Senior Vice President and the Deans Council. For major programs, the appointment may involve either a search or administrative approval process consistent with University policy. The faculty of the AHC-IP should have input into the decision. A review of the Director's performance will be done annually by the oversight administrator and at the time of the cyclic review of the Program.

The Director will have at least the following responsibilities:

- a. Assuring and enhancing the scholarly excellence of the program. This will include establishing an external advisory board where appropriate (Types 5, 4 and possibly 3).
- b. Establishing governance processes
- c. Fostering the development of faculty leadership within the program, i.e. a leadership mentoring program to create a cadre of faculty who could be program leaders or leaders in their field elsewhere.
- d. Budget and resource management authority and reporting

APPENDIX 6

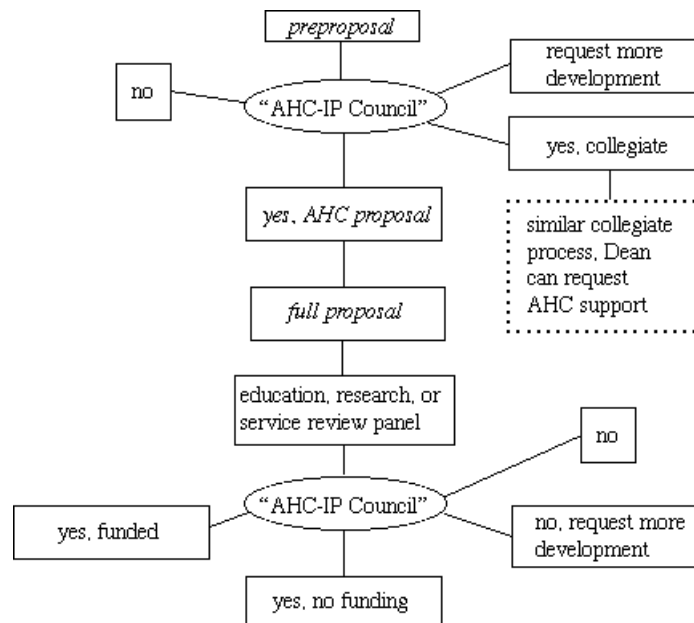
Creating an AHC Intercollegiate Program

	Type 1	Type 2	Type 3	Type 4	Type 5
preliminary mission statement	yes	yes	yes	yes	yes
initiating faculty group members identified	yes	yes	yes	yes	yes

proposal leader specified	yes	yes	yes	yes	yes
pre-proposal submitted to AHC	yes	yes	yes	yes	yes
AHC-IP Council review	yes	yes	yes	yes	yes
can be approved based on pre-proposal	yes	yes	generally not	no	no
full proposal	unlikely	possibly	probably	yes	yes
Review Panel evaluation	unlikely	possibly	probably yes	yes	yes
AHC-IP Council final review of full proposal	probably not needed	probably not needed	probably	yes	yes
final decision by Senior Vice President	yes	yes	yes	yes	yes

APPENDIX 7

Developing New Programs in the AHC



APPENDIX 8

Proposed Principles for the Distribution of Clinical Income to Programs

1. Transfers of current clinical revenue sources from an academic unit to a program should strive to "do no harm" to the fiscal position of the academic unit at the time of the transfer. Thus, no program should "capture" clinical revenue that was previously allocated to an academic unit without the agreement of the unit in advance. If revenue is to be redirected to the program, then the expenses relevant to the program should also be taken up by the program.
2. Clinical revenue for the program should come from incremental clinical revenue after incremental expenses have been deducted. The proportional split between the program and the academic unit should be decided upon in advance.
3. When a faculty member is joint appointed between a program and an academic unit, the two must agree in advance how clinical income from the faculty member's efforts will be apportioned between the two.
4. Faculty involvement in clinical activities in a program must not create competitive conflicts with existing AHC clinical service units or faculty practice

plans. When such potential exists, agreement in advance about the nature and scope of the new activity must be agreed to by the appropriate clinical program and academic program directors. If need be, the Senior Vice President, in consultation with the Deans Council, will determine the resolution.

5. The Director of the program will have the authority to determine the distribution of the program's portion of income from clinical activities. These decisions are subject to oversight by the program's oversight administrator and ultimately by the Senior Vice President.

6. Recruitment of clinical practitioners by the program would be at the discretion of the program if all funds will come from the program. Where a recruitment includes funds or an employment or tenure commitment from an academic unit, the academic unit will have the right of final approval on the hiring decision.

APPENDIX 9

One Framework for Distributing Tuition Income from Program-based Education

1. Based on IMG rules, 25% of the tuition income would be distributed to the school in which the student is enrolled.
2. Of the remaining 75% of tuition, a fraction that covers at least the direct operating expenses of the program for the course would remain with the program.
3. For faculty tenured in the program (Type 5 programs), tuition revenue for those faculty would go to the program in rough proportion to their proportion of effort in the course. For faculty with either joint appointments (possible in Type 4 programs) or tenure outside of the program, in general the tuition should be distributed proportionate to their effort in the course and their distribution of appointment between the program and their other academic home.